



City of Orinda

Business Registration Application

• Business Registration Division •
8839 N Cedar Ave #212, Fresno, California 93720
PH (925) 374-5885 • FAX (909) 348-0465

Apply Online Today At: <http://orinda.hdlgov.com>

OFFICIAL USE ONLY

Business Registration No. _____
Expiration Date _____
NAIC Code _____
Registration Fee \$ _____
Check # _____ Credit Card Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ **Bus. Start Date** _____

Corporate Name _____ New Application Change
(if applicable)

Business Location _____ **Email Address** _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____ **Website Address** _____

Phone No. _____ **Alt. No.** _____ **State Contractor License No.** _____

Description of Business _____ **State Contractor License Type** _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit **Contractor Lic Expire Date** _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Email Address** _____

Address _____ **Phone No.** _____
(Cannot be P.O. Box)

2nd Owner Name _____ **Title** _____ **Email Address** _____

Address _____ **Phone No.** _____
(Cannot be P.O. Box)

Cell Phone No. _____

EMERGENCY NOTIFICATION / LOCAL CONTACT - In case of emergency and I cannot be reached, please call:

Name _____ **Title** _____

Address _____ **Phone No.** _____

Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT
I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Orinda Municipal Code Section 5.03 Business Registration. I understand that Sales or Use Tax may apply to my business activities. I understand that the issuance of a Registration does not authorize conducting any business in the City of Orinda that is in violation of any applicable local, state, or federal laws. Upon issuance of a Registration, it shall be my responsibility to renew the Business registration each calendar year.

→ _____
SIGN HERE Signature of Owner or Representative

Title _____ Date _____
Thank you for doing business in the City of Orinda

Business Statistical Information

No. of Employees # Sq. ft. of business if in city limits SF

Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services (check one only)
 Less than \$10,000 per year More than \$10,000 per year

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccda.ca.gov.

RETURN APPLICATION BY MAIL TO:
City of Orinda - Business Registration
8839 N. Cedar Ave #212
Fresno, CA 93720-1832

ONLINE BUSINESS REGISTRATION: GO TO <http://orinda.hdlgov.com>

SCAN & RETURN APPLICATION BY EMAIL TO: support@hdlgov.com