



**Finance Department**  
 Revenue Collection Division  
 1947 Center Street, 1<sup>st</sup> Floor  
 Berkeley, CA 94704

**REQUEST FOR  
 BUSINESS LICENSE  
 REPRINT**

Date:

Business Name:  
 Contact Name:  
 Street Address:  
 City, State, and Zip Code:

RE: Business License Year:  
 Business License Number:

Each business license reprint is \$10.00. Please complete and submit the remittance slip, including a check for the applicable fees to:

Finance Department  
 Revenue Collection  
 1947 Center Street, 1<sup>st</sup> Floor  
 Berkeley, CA 94704

If you have questions, please contact the Customer Service Center at (510) 981-7200.

Thank you.

Department of Finance  
 City of Berkeley

1947 Center Street, 1<sup>st</sup> Floor, Berkeley, CA 94704 Tel: 510.981.7200 TDD: 510.981.6903 Fax: 510.981.7280  
 Website: [www.cityofberkeley.info/finance](http://www.cityofberkeley.info/finance) E-mail: [buslic@cityofberkeley.info](mailto:buslic@cityofberkeley.info)

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Remittance Slip (Please include this remittance slip along with your payment)

**BUSINESS LICENSE REPRINT**



City of Berkeley  
 Finance Department  
 1947 Center Street  
 Berkeley, CA 94704  
[www.cityofberkeley.info/finance](http://www.cityofberkeley.info/finance)  
[buslic@cityofberkeley.info](mailto:buslic@cityofberkeley.info)  
 (510) 981-7200

Make all checks  
 payable to  
**City of Berkeley**

**Remit payment to:**  
 City of Berkeley  
 Finance Department  
 1947 Center Street  
 Berkeley, CA 94704

Business License #:	
Business License Year:	
Business Name:	
#of Reprints:	
Amount Due:	
Amount Enclosed:	