



# CITY OF PLEASANTON

200 Old Bernal Ave. P.O. Box 520 Pleasanton, CA 94566  
(925) 931-5440 www.cityofpleasantonca.gov

## BUSINESS LICENSE TAX APPLICATION

<b>For Office Use Only</b>		
Z Letter Sent:	___/___/___	___/___/___
To Planning:	___/___/___	___/___/___
POD::	___/___/___	___/___/___
Approved:	___/___/___	___/___/___

BUSINESS LIC NO:  NEW  CHANGE\* (DBA Name or Address)  REACTIVATE

Business Name/DBA \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Business Address \_\_\_\_\_ Start Date \_\_\_\_\_  
 (Cannot be PO Box per CA Bus & Prof Code Section 17538.5)  
 Mailing Address: \_\_\_\_\_ Bus Email \_\_\_\_\_  
 Number of Employees \_\_\_\_\_  
 Check if same as Business address

Please list Detailed description/Type of Business: \_\_\_\_\_  
 \*\*Tobacco Retailers must submit Tobacco Retailer Permit Application – See website for information  
 CDTFA Sellers Permit # \_\_\_\_\_ - Sub# \_\_\_\_\_

This business is considered a "regulated industry" required to obtain a stormwater permit under the NPDES permit program  
 Check  if applicable  
**SB205 STORMWATER DISCHARGE COMPLIANCE.** Any business required to obtain a stormwater permit under the federal Clean Water Act through enrollment with the National Pollutant Discharge Elimination System permit program must complete the companion NPDES Permit Enrollment Verification Form. Failure to demonstrate required enrollment within 90 days of applying can result in the denial of such business license application or renewal for insufficient information as required under PMC §§5.08.020 and 5.08.030. (See website [www.cityofpleasantonca.gov](http://www.cityofpleasantonca.gov) for additional SB205 information and questionnaire link)

### BUSINESS OWNER INFORMATION

**Please check ownership type:**  Corporation  LLC  LP  Partnership  Sole Proprietor  
 Corp/LLC Name \_\_\_\_\_  
 Fed Tax ID# \_\_\_\_\_ State Tax ID# \_\_\_\_\_  
**For Sole or Partnership Only - List address where each individual consents to receive service of process:**  
 Owner Name: \_\_\_\_\_ Driver Lic/ or ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ SS# or Taxpayer ID# \_\_\_\_\_  
 Phone Number:( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Owner/Partner: \_\_\_\_\_ Driver Lic/ or ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ SS# or Taxpayer ID# \_\_\_\_\_

### Alternate Business/Emergency Contact Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### CSLB CONTRACTORS PLEASE COMPLETE

State Contractors Lic No. \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_

#### LICENSE TAX SCHEDULE

Range of Gross Receipts	Tax Due
\$ 0 - \$ 24,999	\$25.00
\$ 25,000 - \$ 99,999	\$50.00
\$100,000- \$249,999	\$75.00
\$250,000- AND ABOVE	\$.30 PER \$1,000

\*Change Fee = \$15

This license period expires on

Estimated Gross Receipts based on  months  
 From  to

#### PLEASE CALCULATE TAX DUE FROM SCHEDULE BASED ON ESTIMATED GROSS RECEIPTS

ENTER:  
ESTIMATED GROSS RECEIPTS

CALCULATE TAX (SEE TAX SCHEDULE TO LEFT)

AB1379 STATE MANDATE FEE\* +

TOTAL DUE =

\*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](http://www.dgs.ca.gov/dsa) The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT.

OWNER(S) SIGNATURE: \_\_\_\_\_  
 Date of Signature: \_\_\_\_\_  
 Make CHECK PAYABLE: CITY OF PLEASANTON (mail to PO Box above)