



CITY OF PLEASANTON

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

DATE & P.O.D
APPROVAL

BUSINESS LICENSE TAX APPLICATION

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED

BUSINESS LIC NO: _____ NEW CHANGE REACTIVATE

Business Name ** _____ **Bus. Phone () _____

Business Location ** _____ Bus. Fax () _____
(Cannot be PO Box per State of California Business & Professions Code Section 17538.5)

Website _____

Mailing Address _____ Email _____

Start Date _____

Description of Business: _____ Number of Employees _____

**OWNERSHIP: [] Corporation [] Ltd. Liability Co. [] LLP Partnership [] Sole Proprietor [] Partnership.

FEIN NO. _____ RESALE NO. _____ SEIN NO. _____

** NAME(S), RESIDENTIAL ADDRESS & PERSONAL IDENTIFICATION OF OWNERS & PARTNERS If CORPORATION With FEIN LIST OFFICERS (no personal identification required)

Owner Name _____ Title _____ Drivers Lic. No. _____

Address _____ Soc. Sec. No. _____
(Cannot be PO Box)

Cell/Phone No. _____

Owner Name _____ Title _____ Drivers Lic. No. _____

Address _____ Soc. Sec. No. _____
(Cannot be PO Box)

Cell/Phone No. _____

** PROVIDE EMERGENCY CONTACT INFORMATION

Name _____ Phone () _____

IF CONTRACTOR, COMPLETE THE FOLLOWING

State Contractor Lic No. _____ Type: _____ Expires _____

Project name/address _____

** MUST BE PROVIDED TO PROCESS APPLICATION

LICENSE TAX SCHEDULE

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

This license period is for twelve months ending

Estimated Gross Receipts are based on months:

From to

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON LEFT OF FORM BASED ON ESTIMATED GROSS RECEIPTS, AND ADD ADDITIONAL SB1186 \$1.00 TO TOTAL DUE

ESTIMATED GROSS RECEIPTS

CALCULATED TAX DUE (SEE TAX SCHEDULE)

SB1186 MANDATED FEE*

TOTAL TAX 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/home.aspx; The Department of Rehabilitation at www.rehab.cahwnet.gov; The California Commission on Disability Access at 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.

DATE _____ SIGNATURE OF OWNER OR REPRESENTATIVE _____

MAKE CHECK PAYABLE TO "CITY OF PLEASANTON"

APPLICATION FOR ZONING APPROVAL

(Required prior to establishing a business; making tenant improvements; or changing a business location)

Location of Business: _____ Suite _____

Business Owner's Name (Print): _____

Are you filing this license as an independent consultant/contractor? Yes or No

Please circle one - Is this a: Pleasanton Change of Address / Change of Ownership / New Business to Pleasanton

Name of Business: _____

Contact Person: _____ **Title:** _____

Bus. Phone: (____) _____ **Bus. Fax:** (____) _____ **Email:** _____

Mailing Address: _____
(if different from above) (Address, City, Zip Code)

Description of Business: Describe the business activities (for example: automotive repair, retail sales of jewelry, party supply rental, research and development of eyewear/lenses, etc.) that will be conducted at the proposed location (even if the business is a change of ownership or location). Also describe any use of hazardous materials. **Please be specific.**

For Private School, Trade School, Indoor Recreation, and Tutoring Facilities Only:

By initialing, you hereby understand that the proposed business must comply with all applicable Federal, State, and local regulations. _____

To the extent permitted by law, the applicant shall defend (with counsel reasonably acceptable to the City), indemnify and hold harmless the City, its City Council, its officers, boards, commissions, employees and agents from and against any claim (including claims for attorneys fees), action, or proceeding brought by a third party against the indemnified parties and the applicant to attack, set aside, or void the approval of the application or any permit authorized hereby for the application, including (without limitation) reimbursing the City its attorneys fees and costs incurred in defense of the litigation. The City may, in its sole discretion, elect to defend any such action with attorneys of its choice.

By signing below you are certifying that; (1) you have read and understand the requirements noted on both sides of this application; (2) the above information you provided is correct; and (3) you understand that this application only applies to the address and suite noted above and that if you move from this location you will need to complete a new "Application for Zoning Approval."

Business Owner's Signature: _____ **Date:** _____

Additional information on the reverse side

(For Completion by the Planning Division)

Zoning Designation: _____

Municipal Code Use Definition: _____

Application No.: _____

Routing: Police Fire Code Enforcement Other

Dear Business Owner:

In order to obtain a City business license, your zoning application must be approved by the Planning Division. **You must submit a separate business license application** with the appropriate fee to the City's Business License Division located at 200 Old Bernal Avenue (telephone: **925-931-5440**).

Notification of your zoning approval may be made to other City departments such as Fire and Police. You may be contacted soon by one or more of these City offices if there are any specific departmental requirements which must be met relative to your business. One or more of the following items may apply to this approval:

- Any **signs** placed on the property or building are subject to the City's review and approval prior to installation. If a comprehensive sign program exists for your location, your business signs must conform to that program. Please contact the Planning Division (925-931-5600) for further information regarding signs.
- **Exterior improvements** must be reviewed by the Planning Division prior to commencement of work. Please contact the Planning Division (925-931-5600) for additional information and Design Review requirements.
- Any **tenant improvements** at your location may require building permits. For certain businesses, such as food establishments, the payment of **additional sewer fees** may also be required. Please contact the **Building and Safety Division** (925-931-5300) for further information.
- Certain types of uses require the installation of a special **backflow prevention** device at the water meter. Please contact the **Utilities Division** (925-931-5520) for information.
- If your business utilizes any hazardous substances, you may be required to obtain a **hazardous materials** permit. Please contact the **Hazardous Materials Coordinator** (925-454-2338) or the **Hazardous Materials Inspector** (925-454-2336).
- Certain businesses (dry cleaners, auto body shops, gas stations, etc.) will require approval of an **air quality permit** prior to operation. Please contact the **Bay Area Air Quality Management District** (415-771-6000) for further information.

SPECIAL CONDITIONS:

- This approval is granted subject to the conditions of approval of the Conditional Use Permit (**No.** _____) which was approved for your location.
- This approval is subject to the following restriction(s) and/or clarification(s):

Zoning approval is based on the information provided on the zoning application form. Any changes may require further review and action by the City. Questions regarding this approval may be directed to the Planning Division (925-931-5600) or the Business License Division (925-931-5440).

Good luck with your business endeavor!