



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 ID NO.	ACCOUNT NO.	EXPIRATION DATE
Business Name ** _____	**Bus. Phone () _____	
Business Location ** _____ <i>(Cannot be PO Box per State of California Business & Professions Code Section 17538.5)</i>	Bus. Fax () _____	
Mailing Address _____	Website _____	
Description of Business: _____	Email _____	
**OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Ltd. Liability <input type="checkbox"/> Partnership. <input type="checkbox"/> Trust	Start Date _____	
State Contractor Lic. No. _____ Type _____ Expires _____	SIC Code _____	
RESALE NO. _____	FEIN 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 _____ <i>(Cannot be PO Box)</i>		Soc. Sec. No. _____
		Cell/Phone No. _____
Owner Name _____	Title _____	Drivers Lic. No. _____
Address _____ <i>(Cannot be PO Box)</i>		Soc. Sec. No. _____
		Cell/Phone No. _____

** PROVIDE EMERGENCY CONTACT INFORMATION

Name _____	Phone () _____
Email Address _____	

IF CONTRACTOR, COMPLETE THE FOLLOWING

Project name/address _____	Phone () _____
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** MUST BE PROVIDED TO PROCESS APPLICATION

LICENSE TAX SCHEDULE		PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON LEFT OF FORM BASED ON ESTIMATED GROSS RECEIPTS, ENTER FEE IN BOX BELOW AND ADD ADDITIONAL SB1186 \$1.00 TO TOTAL DUE	
Range of Gross Receipts	Tax	NO. OF EMPLOYEES	
\$ 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	ESTIMATED GROSS RECEIPTS	
		SB1186 MANDATED FEE*	\$1.00
This license period is for twelve months ending <input type="text" value="12/31/13"/>		TOTAL TAX DUE	
Estimated Gross Receipts are based on <input type="text"/> months:		*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 .	
From <input type="text"/> to <input type="text" value="12/31/2013"/>			

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"

BL No.:

THE CITY OF



Community Development - Planning Division
 200 Old Bernal Avenue / P.O. Box 520
 Pleasanton, California 94566-0802
 Ph: (925) 931-5600 Fx: (925) 931-5483

COTTAGE FOOD OPERATION ZONING CERTIFICATE

Address of Residence
 (Cottage food location): _____
(Street Address) (Apt. No.)

Food being
 Prepared/Packaged: _____

Name of
 Business: _____

Name of Person
 Conducting the Business: _____

Telephone: (____) _____ Email: _____

I certify that I have read, understand, and will comply with all regulations governing a cottage food operation as listed in Section 18.105.050 of the Pleasanton Municipal Code and I shall not begin operating my business until this form is approved by the Planning Division. If, at any time in the future, I can no longer comply with State and/or City regulations, I shall immediately contact the Planning Division. I also understand that my cottage food operation only applies to the address on this form, and if I move from this location, I will need to complete and submit a new application for a cottage food operation and contact the Business License Division (925-931-5440).

Signature: _____ Date: _____

(For Completion by the Planning Division)

Accela Record No.: _____

Approved: _____

This approval is granted subject to the attached conditions of approval