



# 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: \_\_\_\_\_ SIC Code \_\_\_\_\_

\*\*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

NO. OF EMPLOYEES

ESTIMATED GROSS RECEIPTS

SB1186 MANDATED FEE\*

TOTAL TAX DUE (see tax schedule)

\*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](http://www.dgs.ca.gov/dsa/home.aspx); The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.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.

DATE \_\_\_\_\_ SIGNATURE OF OWNER OR REPRESENTATIVE \_\_\_\_\_

MAKE CHECK PAYABLE TO "CITY OF PLEASANTON"