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 **12/31/14**

Estimated Gross Receipts are based on ☐ months:

From ☐ to **12/31/2014**

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* $1.00

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.ccda.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"

BL No.:

THE CITY OF PLEASANTON

P. O. Box 520, Pleasanton, California 94566-0802

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