



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"