



CITY OF PLEASANTON

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

BUSINESS LICENSE TAX APPLICATION

For Office Use Only	
Z Letter Sent:	____/____/____
To Planning:	____/____/____
POD::	____/____/____
Approved:	____/____/____

BUSINESS LIC NO: NEW CHANGE* (DBA Name or Address) REACTIVATE

Business Name/DBA _____ Bus Phone () _____
 Business Address _____ Start Date _____
 (Cannot be PO Box per CA Bus & Prof Code Section 17538.5) Bus Email _____
 Mailing Address: _____ Number of Employees _____
 Check \checkmark if same as Business address

List Detailed description/Type of Business: _____
 **Tobacco Retailers must submit Tobacco Retailer Permit Application – See website for information
 CDTFA Sellers Permit # _____ - Sub# _____

This business is considered a "regulated industry" required to obtain a stormwater permit under the NPDES permit program
 Check \checkmark if applicable
SB205 STORMWATER DISCHARGE COMPLIANCE. Any business required to obtain a stormwater permit under the federal Clean Water Act through enrollment with the National Pollutant Discharge Elimination System permit program must complete the companion NPDES Permit Enrollment Verification Form. Failure to demonstrate required enrollment within 90 days of applying can result in the denial of such business license application or renewal for insufficient information as required under PMC §§5.08.020 and 5.08.030 (See website www.cityofpleasantonca.gov for additional SB205 information and questionnaire link)

BUSINESS OWNER INFORMATION

Please check ownership type: Corporation LLC LP Partnership Sole Proprietor
 Corp/LLC Name _____
 Fed Tax ID# _____ State Tax ID# _____
For Sole or Partnership Only - List address where each individual consents to receive service of process:
 Owner Name: _____ Driver Lic/ or ID#: _____
 Address: _____ SS# or Taxpayer ID# _____
 Phone Number:() _____ Email _____
 Owner/Partner: _____ Driver Lic/ or ID# _____
 Address: _____ SS# or Taxpayer ID# _____

Alternate Business/Emergency Contact Information:

Name: _____ Email: _____ Phone () _____

CSLB CONTRACTORS PLEASE COMPLETE

State Contractors Lic No. _____ Class _____ Expiration _____

LICENSE TAX SCHEDULE

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

*Change Fee = \$15

This license period expires on

Estimated Gross Receipts based on months
 From to

PLEASE CALCULATE TAX DUE FROM SCHEDULE BASED ON ESTIMATED GROSS RECEIPTS

ENTER:
ESTIMATED GROSS RECEIPTS

CALCULATE TAX (SEE TAX SCHEDULE TO LEFT)
 AB1379 STATE MANDATE FEE* + \$4.00
 TOTAL 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 The Department of Rehabilitation at www.dor.ca.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.

OWNER(S) SIGNATURE: _____
 Date of Signature: _____
 Make CHECK PAYABLE: CITY OF PLEASANTON (mail to PO Box above)