



## CITY OF PLEASANTON

Ph: (925) 931-5440 | [www.cityofpleasantonca.gov](http://www.cityofpleasantonca.gov)  
200 Old Bernal Ave, P.O. Box 520  
Pleasanton, CA 94566

### FOR OFFICE USE ONLY

Z Letter Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_  
To Planning: \_\_\_\_/\_\_\_\_/\_\_\_\_  
POD: \_\_\_\_  
Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BUSINESS LICENSE TAX APPLICATION

BUSINESS LICENSE ACCOUNT #:

☐ NEW ☐ CHANGE\* (DBA Name or Address) ☐ REACTIVATE

### BUSINESS INFORMATION

Business Name/DBA: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5)

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Check if same as Business Address

List Detailed Description / Type of Business: \_\_\_\_\_

CDTFA Sellers Permit # \_\_\_\_\_ - \_\_\_\_\_ Sub# \_\_\_\_\_ # of Employees: \_\_\_\_\_

### BUSINESS OWNER / CONTACT INFORMATION

Please check ownership type: ☐ Corporation ☐ LLC ☐ LP ☐ Partnership ☐ Sole Proprietor

Corp/LLC Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

1. Owner or Contact Name: \_\_\_\_\_ Driver Lic/ID #: \_\_\_\_\_

Address: \_\_\_\_\_ SSN or ITIN #: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Owner or Contact Name: \_\_\_\_\_ Driver Lic/ID #: \_\_\_\_\_

Address: \_\_\_\_\_ SSN or ITIN #: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

(For Sole Proprietor or Partnership: Please list the address where each individual consents to receive service of process)

### Alternate Business / Emergency Contact Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CSLB CONTRACTORS PLEASE COMPLETE

State Contractors Lic No. \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

### SUPPLEMENTAL QUESTIONS

Optional: Please note that all information provided is entirely voluntary and will be used solely to identify and match opportunities that may benefit our business community

#### Please select one of the following:

- ☐ This is a Minority-Owned Business (51+%)
- ☐ This is a Woman-Owned Business (51+%)
- ☐ Minority-Owned and Women-Owned
- ☐ Not Applicable
- ☐ Prefer not to answer

#### Please select one of the following:

- ☐ White
- ☐ Asian/Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Black
- ☐ Native American
- ☐ Mixed/Other
- ☐ Prefer not to answer

#### Please select one of the following:

- ☐ I am a veteran
- ☐ I am currently serving in the military
- ☐ I am a spouse of a veteran
- ☐ I am not a veteran/no military affiliation
- ☐ Prefer not to answer

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BUSINESS LICENSE ACCOUNT #:

### LICENSE CALCULATION

#### 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	\$0.30 per \$1,000
* Change Fee = \$15 for existing accounts	
** Additional tax may be due for businesses located in the Pleasanton Downtown District	

This license period expires on **12/31/2026**

Estimated Gross Receipts based on  months.

From  to  12/31/2026  
Start Date

#### PLEASE CALCULATE TAX DUE FROM LICENSE TAX SCHEDULE BASED ON ESTIMATED GROSS RECEIPTS

ENTER ESTIMATED  
GROSS RECEIPTS:

1. CALCULATE TAX:  
(REFER TO LICENSE TAX SCHEDULE)

2. AB1379 STATE  
MANDATE FEE:

+  \$4.00

**TOTAL DUE** (ADD LINES 1 & 2) =

\*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](http://www.dgs.ca.gov/dsa) The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

\*\*\*Tobacco Retailers must submit Tobacco Retailer Permit Application - See website for information

☐ This business is considered a "regulated industry" required to obtain a stormwater permit under the NPDES permit program (Check 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](http://www.cityofpleasantonca.gov) for additional SB205 information and questionnaire link)

### SIGNATURE & ACKNOWLEDGEMENT

*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**

**Applications may be submitted:**

- ♦ **By Mail: PO Box 520 Pleasanton Ca 94566**
- ♦ **In Person: 200 Old Bernal Ave Pleasanton Ca 94566**

Office hours:

Monday 9:00 AM—4:00 PM

Tuesday—Thursday 9:00 AM—1:00 PM

Closed to the Public on Fridays