



City of Pinole

2131 Pear Street – Pinole, CA 94564 (510) 724-9822 phone (510) 724-9826 fax

FOR CITY USE ONLY

Business License # _____

SIC Code _____

BUSINESS NAME: _____

BUSINESS LOCATION: _____
(not P.O. Box)

MAILING ADDRESS : _____
(if different)
City State Zip

BUS. PHONE () _____ **BUS.FAX ()** _____ **CELL ()** _____
City State Zip

E-MAIL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

OWNERSHIP: **SOLE OWNERSHIP** **PARTNERSHIP** **CORPORATION** **LLC**

FEDERAL TAX ID # _____ **SOC.SECURITY #** _____ **SALES TAX ID #** _____

CONTRACTORS STATE LIC. # _____ **EXPIRATION DATE** _____ **TYPE** _____

WORKER'S COMP.POLICY # _____ **INSURER** _____ **EXP.DATE** _____

OWNER NAME _____ **PHONE # ()** _____

HOME ADDRESS _____
Street City State Zip

OWNER NAME _____ **PHONE # ()** _____

HOME ADDRESS _____
Street City State Zip

Signature **Date**

I certify that the information submitted above is complete and accurate

FOR CITY USE ONLY

Date _____ Zoning Code _____

City Planner Approval

I hereby certify that the type of Business the applicant proposes to conduct at this address is in conformance with applicable zoning regulations

Date _____

Building Inspector Approval

Date _____

Fire Department Approval

*We hereby certify that **NO VIOLATIONS** of State Law or City Ordinance exist on the Business premises which would endanger Public Safety, Health or Welfare*