



# City of Pinole

2131 Pear Street ▪ Pinole, CA 94564  
Phone (510) 724-9008 ▪ Fax (510) 724-9826  
Building (Outside City Licensed Contractor)  
Phone (510) 724-8912 ▪ Fax (510) 724-4921

- CHECK ONE:**  
**New Application**  
 Pinole Business  
 Commercial location  
 Home Based Business  
 Rental property  
 Licensed Contractor Outside City limits  
 Business outside City limits  
 **Transfer of Ownership**  
 **Application for Exemption**

## BUSINESS LICENSE APPLICATION

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Business Location (Not a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Type:  Sole Ownership  Partnership  Corporation  Limited Liability Corp.  Non-Profit

Federal Tax ID No. \_\_\_\_\_ Sales Tax ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

All primary business SIC Codes \_\_\_\_\_

Provide one: State Water Resources Control Board WDID/WDID application No./NONA/NED \_\_\_\_\_

Contractors State License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Worker's Comp Policy No. \_\_\_\_\_ Insurer \_\_\_\_\_ Exp. Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

Owner's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

Owners Signature

Date

*I declare, under penalty of perjury, that the information submitted on this application is true and correct.*

Property Owner's Name \_\_\_\_\_ Property Owner's signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*I hereby declare that I am the property owner, or property owner's representative, of the real property involved in this application and do hereby consent the filing of this application.*

### FOR CITY USE ONLY

Amount Paid \$ \_\_\_\_\_ Check/Receipt # \_\_\_\_\_ Business License # \_\_\_\_\_

Date \_\_\_\_\_ Zoning District \_\_\_\_\_

Planning Manager 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.*