



# City of Pinole

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

**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. \_\_\_\_\_

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.*