



## City of Pinole

2131 Pear Street ▪ Pinole, CA 94564  
Phone (510) 724-9008 ▪ Fax (510) 724-9826

### BUSINESS LICENSE APPLICATION

#### CHECK ONE:

##### New Application

Pinole Business

- ☐ Commercial location
- ☐ Home Based Business
- ☐ Rental property
- ☐ Business outside City limits

☐ **Transfer of Ownership**

☐ **Application for Exemption**

☐ **Transfer of Ownership**

☐ **Renewal: License #** \_\_\_\_\_

#### BUSINESS INFORMATION

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

Business Location (Not a mailbox): \_\_\_\_\_

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 NAICS 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.*

Note this section is for new applications for businesses located within the City of Pinole

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 #

##### Planning Division

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

Date \_\_\_\_\_ Planning Manager Approval \_\_\_\_\_

Use Classification: \_\_\_\_\_

Use is

Zoning District: \_\_\_\_\_

PMC Section(s) (if applicable), or other required

conditions: \_\_\_\_\_

- ☐ Allowed by right
- ☐ Allowed only with a CUP
- ☐ Not permitted, cannot approve use at this location

##### Building and Fire Divisions

*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.*

Date \_\_\_\_\_ Building Inspector Approval \_\_\_\_\_

Date \_\_\_\_\_ Fire Marshal Approval \_\_\_\_\_