



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

- | |
|--|
| <p>CHECK ONE:
 New Application
 Pinole Business
 <input type="checkbox"/> Commercial location
 <input type="checkbox"/> Home Based Business
 <input type="checkbox"/> Rental property
 <input type="checkbox"/> Licensed Contractor Outside City limits
 <input type="checkbox"/> Business outside City limits
 <input type="checkbox"/> Transfer of Ownership
 <input type="checkbox"/> Application for Exemption</p> |
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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.*