

**BUSINESS INFORMATION** 

## 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
- ☐ Licensed Contractor Outside
  City limits
- ☐ Business outside City limits
- ☐ Transfer of Ownership
- Application for Exemption

Business Name:		Start	Start Date:			
Business Location (Not a 1	P.O. Box):		3		39	
		State:	70070 0-70-7			
1		State:		*	- =3-01	
Phone: ( )	Fax: (	) Email:			0	
Description of Business:				*.		
Business Type: ☐ Sole Ow	vnership 🗆 Part	tnership 🗆 Corporation 🗆	Limited Liability	y Corp. 🗆 N	Ion-Profit	
(i)	*	es Tax ID No.	497			
		Éxpirat		_		
Worker's Comp Policy No	)	Insurer	•	Exp. Date		
	<del> </del>	Phone No:				
Home Address				200		
Street		City		State	Zip	
Owner's Name			Phone No:			
Home Address	20					
Street	1/4	City		State	Zip	
	Signature	the information submitted o		Date .	rract	
		perjury, that the information submitted on this application is true and correct.  Property Owner's signature				
Address		Phone				
I hereby declare that I an	n the property own application and	er, or property owner's represe do hereby consent the filing of	entative, of the real p	roperty involv	ed in this	
		FOR CITY USE ONLY	7.0		_ 1	
Amount Paid S	Check/I	Receipt #	Business I	icense #		
Date Zoning	District			* ,		
		Planning Manager Ap	• •			
I hereby certify		Business the applicant prop nance with applicable zonin		t this addres	\$	
Date						
	Bui	lding Inspector Approval			1	
Date		(IC)	v			
	Fire	e 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.