



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

<p>CHECK ONE: New Application Pinole Business</p> <p><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</p> <p><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.*