

City of Pinole -2016



Hotel/Motel or Rental Properties Business License Application

Business Name: (if applicable) _____

Property Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone #: (home) _____ (fax#) _____ (cell#) _____

Property Manager's Name _____ **Phone #** _____

Ownership: SOLE OWNERSHIP PARTNERSHIP CORPORATION LLC TRUST

Federal Tax ID # _____ **or Soc. Security #** _____

Property Location: _____

of units: _____

Type of unit(s): Hotel/Motel Multiple Family dwelling(s) Single Family dwelling

A. **Pinole Business License** (per Municipal Code section 8.30.055, one business license is required per rental property)

	Rate	Total
Annual Basic Fee for Each Rental Property	\$133.00	<u>\$133.00*</u>
Plus		
Multiple Family Dwelling(s)		
Each Additional Unit is (2-4 units) _____ x	\$ 15.00 =	\$ _____
Additional Units (5 or more units) _____ x	\$ 9.00 =	\$ _____
Hotel/Motel		
Each Unit _____ x	\$ 9.00 =	\$ _____

Total Fee (section A) \$ _____

**Rate includes \$1.00 State mandated fee (Senate Bill 1186)*

PLUS

B. **Single Family Dwellings**

	No. of Units	Rate	Total
Rental Inspection Fee (per unit)	_____ x	\$176.00 =	\$ _____

OR

C. **Multiple Family Dwellings**

	No. of Units	Rate	Total
Rental Inspection Fee (per unit)	_____ x	\$100.00 =	\$ _____

OR

D. **Hotel/Motel**

	No. of Units	Rate	Total
Rental Inspection Fee (per unit)	_____ x	\$100.00 =	\$ _____

Rental Inspection Fee is due every 3 years per Rental Inspector (510)724-9821

Total Fee (section B, C or D) \$ _____

Total Due (Business license fee + Rental Inspection Fee) = \$ _____

Signature of Owner/Agent _____ **Date** _____

Under penalty of perjury, I declare that all of the above statements are true.

This form must be returned with payment before license can be issued.

All business licenses expire on the last day of the current year.

BUSINESS AND EMERGENCY RECORD

1. This information is valuable to the Fire Department in the event an after hours emergency requires entrance to the business, or contact with the owner/manager.

2. Please **PRINT CLEARLY** and complete all sections of the form and return in the self-addressed envelope.

Today's Date _____ Business hours: _____ to _____

Business Name: _____ Business Phone: _____

Business Address: _____ Suite/Office No.: _____

Type of Business: _____ Pinole Business License # _____

Manager/Operator Name _____ Home Phone () _____

Home Address _____ City _____ Zip _____

Building Owner's Name _____ Home Phone () _____

Address _____ City _____ Zip _____

Do you have a Burglar Alarm? Yes [] No [] If yes, what is the name and phone #?

Company : _____ phone # () _____

Do you have a Fire Alarm? Yes [] No []
Is it monitored by a different company than the Burglar Alarm?

Company : _____ Phone # () _____

FOR BUILDING OWNER/MANAGER ONLY: Do you have a sprinkler system? Yes [] No []

If yes, when was it last serviced? Month: _____ Year _____

Send a copy of the certification with this form.

KNOX BOX KEY SYSTEM (FIRE DEPT. KEY VAULT)

Do you have a Knox Box ? Yes [] No [] If yes, are the keys current ? Yes [] No []

Who should we notify in an Emergency after hours: (Only list those who have keys to the business.)

NAME PHONE #

1) _____ () _____ pager/cell () _____

----- OFFICE USE -----

OCC. CLASS: _____

The business owner or manager of the premises should conduct the inspection and sign the form. Insert a check mark in the appropriate blank. If any question is not applicable to your business, check N/A. Thank you for doing your part to make the Pinole Business Community Fire Safe.

	YES	NO	N/A
1. Is your address visible on the outside of the building with numbers at least 3 inches high in contrasting color?	—	—	—
2. If your business is part of a strip retail mall, is your address clearly marked on your back door?	—	—	—
3. Is driveway or alley around your building kept free of weeds, debris, or obstructions?	—	—	—
4. Are all trash containers located at least 5 feet from your building?	—	—	—
5. Are all exit aisles, hallways, and stairways clear of obstructions, storage or debris?	—	—	—
6. Are <u>all</u> exit doors kept unlocked during business hours?	—	—	—
7. Are all exit signs and/or emergency lighting maintained?	—	—	—
8. Are electrical breaker panels or fuse boxes kept unobstructed and labeled to show what circuit affects what area?	—	—	—
9. Are all electrical circuit breakers free to operate (not taped on)?	—	—	—
10. Are light duty extension cords used in place of permanent electrical wiring? If so, please remove. Extension cords are not allowed in business occupancies.	—	—	—
11. Are combustibles (paper, rags, cardboard, etc.) stored at least 4 feet away from gas appliances (water heater, furnace, etc.)	—	—	—
12. Do all gas appliances have individual gas shutoff valves?	—	—	—
13. Are oily rags stored in metals containers?	—	—	—
14. Are all sheet rocked walls maintained without holes?	—	—	—
15. If your business has ceiling panels, are they all in place?	—	—	—
16. Is the attic access and scuttle opening kept closed?	—	—	—
17. Do you have a minimum of one 2A10BC multi-purpose fire extinguisher in your business? Are all extinguishers visible and readily accessible for use?	—	—	—
18. Have all fire extinguishers been serviced and tagged by a fire extinguisher company within the last year?	—	—	—
19. Have all your employees been instructed in the use of your fire extinguisher?	—	—	—

Continue on the back side

- | | YES | NO | N/A |
|---|-----|-------|------|
| 20. Is storage kept at least 2 feet below the ceiling? (Storage must be kept 24" below the ceiling. Storage height may not exceed 12 feet without a Fire permit.) | — | — | — |
| 21. If your business has fire sprinklers, have all decorations or obstructions that may interfere with their operation been removed? | — | — | — |
| 22. If your business has fire sprinklers, is all storage kept at least 18 inches below the sprinlder heads? (Storage height must not exceed 12' without a Fire permit.) | — | — | — |
| 23. Are flammable liquids stored in original containers or metal safety cans and away from exit areas and stairways? | — | — | — |
| 24. Are all compressed gas cylinders identified and secured from falling in the event of an earthquake? | — | — | — |
| 25. Do you use or store any Hazardous Materials? If so, are Material Safety Data sheets available for your employees? | — | — | — |
| 26. Are the batteries changed annually in the smoke detector? | — | — | — |
| 27. Are grease filters and the hood and duct system over cooling appliances cleaned regularly? | — | — | — |
| 28. If your business has fire sprinklers, when was the last 5 year service test conducted by a licensed contractor? | — | — | — |
| | | Month | Year |

(Submit copy of certification or schedule an inspection by a licensed contractor. See under "Sprinklers-Automatic Fire in your Yellow Pages.)

Signature & Title

Date

f:\fire\businsep\businsep1.ltr