



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

<p><b>CHECK ONE:</b>  <b>New Application</b>          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"/> <b>Transfer of Ownership</b>  <input type="checkbox"/> <b>Application for Exemption</b></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** \_\_\_\_\_

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**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.*

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**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.*

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**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.*