



# CITY OF PLEASANTON

Ph: (925) 931-5440 | www.cityofpleasantonca.gov  
200 Old Bernal Ave, P.O. Box 520  
Pleasanton, CA 94566

## FOR OFFICE USE ONLY

Z Letter Sent: \_\_\_/\_\_\_/\_\_\_  
To Planning: \_\_\_/\_\_\_/\_\_\_  
POD: \_\_\_\_\_  
Approved: \_\_\_/\_\_\_/\_\_\_

## BUSINESS LICENSE TAX APPLICATION

BUSINESS LICENSE ACCOUNT #: \_\_\_\_\_  NEW  CHANGE\* (DBA Name or Address)  REACTIVATE

### BUSINESS INFORMATION

Business Name/DBA: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Start Date: \_\_\_\_\_  
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5)

Mailing Address: \_\_\_\_\_ Bus Email: \_\_\_\_\_  
 Check if same as Business Address

List Detailed Description / Type of Business: \_\_\_\_\_

CDTFA Sellers Permit # \_\_\_\_\_ - \_\_\_\_\_ Sub# \_\_\_\_\_ # of Employees: \_\_\_\_\_

### BUSINESS OWNER / CONTACT INFORMATION

Please check ownership type:  Corporation  LLC  LP  Partnership  Sole Proprietor

Corp/LLC Name: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_ Driver Lic/ID #: \_\_\_\_\_

Address: \_\_\_\_\_ SSN or Taxpayer ID #: \_\_\_\_\_  
(For Sole Proprietor or Partnership: Please list the address where each individual consents to receive service of process)

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner/Partner (if applicable): \_\_\_\_\_ Driver Lic/ID #: \_\_\_\_\_

Address: \_\_\_\_\_ SSN or Taxpayer ID #: \_\_\_\_\_

### Alternate Business / Emergency Contact Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CSLB CONTRACTS PLEASE COMPLETE

State Contractors Lic No. \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

### SUPPLEMENTAL QUESTIONS

*Optional: Please note that all information provided is entirely voluntary and will be used solely to identify and match opportunities that may benefit our business community*

#### Please select one of the following:

- This is a Minority-Owned Business (51+%)
- This is a Woman-Owned Business (51+%)
- Minority-Owned and Women-Owned
- Not Applicable
- Prefer not to answer

#### Please select one of the following:

- White
- Asian/Native Hawaiian/Pacific Islander
- Hispanic/Latino
- Black
- Native American
- Mixed/Other
- Prefer not to answer

#### Please select one of the following:

- I am a veteran
- I am currently serving in the military
- I am a spouse of a veteran
- I am not a veteran/no military affiliation
- Prefer not to answer



# CITY OF PLEASANTON

Ph: (925) 931-5440 | [www.cityofpleasantonca.gov](http://www.cityofpleasantonca.gov)  
 200 Old Bernal Ave, P.O. Box 520  
 Pleasanton, CA 94588

BUSINESS LICENSE ACCOUNT #:

## LICENSE CALCULATION

### LICENSE TAX SCHEDULE

Range of Gross Receipts	Tax Due
\$0 — \$24,999	\$25.00
\$25,000 — \$99,999	\$50.00
\$100,000 — \$249,999	\$75.00
\$250,000 — AND ABOVE	\$0.30 per \$1,000

\*Change Fee = \$15

### PLEASE CALCULATE TAX DUE FROM SCHEDULE BASED ON ESTIMATED GROSS RECEIPTS

ENTER ESTIMATED GROSS RECEIPTS:

CALCULATE TAX:

AB1379 STATE MANDATE FEE\*: +

**TOTAL DUE** =

This license period expires on **12/31/2025**  
 Estimated Gross Receipts based  months  
 From  to

\*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

\*\* Tobacco Retailers must submit Tobacco Retailer Permit Application - See website for information

This business is considered a "regulated industry" required to obtain a stormwater permit under the NPDES permit program (Check if applicable)

**SB205 STORMWATER DISCHARGE COMPLIANCE.** Any business required to obtain a stormwater permit under the federal Clean Water Act through enrollment with the National Pollutant Discharge Elimination System permit program must complete the companion NPDES Permit Enrollment Verification Form. **Failure to demonstrate required enrollment within 90 days of applying can result in the denial of such business license application or renewal for insufficient information as required under PMC §§ 5.08.020 and 5.08.030** (See website [www.cityofpleasantonca.gov](http://www.cityofpleasantonca.gov) for additional SB205 information and questionnaire link)

## SIGNATURE & ACKNOWLEDGEMENT

*I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT.*

**OWNER(s) SIGNATURE:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**MAKE CHECK PAYABLE: CITY OF PLEASANTON (mail to PO Box above)**