



CITY OF PLEASANTON

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

DATE & P.O.D APPROVAL

BUSINESS LICENSE TAX APPLICATION

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED

BUSINESS LIC NO: _____

NEW CHANGE REACTIVATE

Business Name/DBA _____ Bus. Phone () _____

Business Address _____ Start Date _____
(Cannot be PO Box per State of California Business & Professions Code Section 17538.5)

Email _____

Number of Employees _____

Mailing Address _____

Check if same as Business address

Description of Business: _____

SBOE/ Resale # _____

OWNER INFORMATION: Corporation LLC LP Partnership Sole Proprietor

Corporation/LLC/LP Name(s): _____

FEIN # _____ SEIN # _____

SOLE OWNERSHIP OR PARTNERSHIP PLEASE LIST INFORMATION FOR EACH NAME/OWNER

Owner Name _____ Title _____ Drivers Lic. No. _____

Address _____ Soc. Sec. No. _____
(Cannot be PO Box)

Cell/Phone No. _____

Owner Name _____ Title _____ Drivers Lic. No. _____

Address _____ Soc. Sec. No. _____
(Cannot be PO Box)

Cell/Phone No. _____

** PROVIDE EMERGENCY CONTACT INFORMATION

Name _____ Phone () _____

CONTRACTORS PLEASE COMPLETE THE FOLLOWING

State Contractors Lic No. _____ Class _____ Expires _____

Project name/address _____

LICENSE TAX SCHEDULE

Range of Gross Receipts	Tax
\$ 0 - \$ 24,999	\$25.00
\$ 25,000 - \$ 99,000	\$50.00
\$100,000- \$249,999	\$75.00
\$250,000- AND ABOVE	\$.30 PER \$1,000 of gross receipts

PLEASE CALCULATE TAX DUE FROM SCHEDULE BASED ON ESTIMATED GROSS RECEIPTS ADD SB1186 \$1.00 TO TOTAL TAX DUE

ESTIMATED GROSS RECEIPTS

CALCULATED TAX DUE (SEE TAX SCHEDULE)

SB1186 MANDATED FEE*

TOTAL TAX DUE

*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/home.aspx; The Department of Rehabilitation at www.rehab.cahwnet.gov; The California Commission on Disability Access at www.cdda.ca.gov.

This license period is for twelve months ending

Estimated Gross Receipts are based on months:

From to

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 SIGNATURE(S) _____

DATE _____

MAKE CHECK PAYABLE TO "CITY OF PLEASANTON"