



# CITY OF PLEASANTON

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

## BUSINESS LICENSE TAX APPLICATION

<b>For Office Use Only</b>	
Z Letter Sent:	____/____/____
Zoning Recd:	____/____/____
To Planning:	____/____/____
Approved By:	_____

**BUSINESS LIC NO:**  NEW  CHANGE\* (DBA Name or Address)  REACTIVATE

Business Name/DBA \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_  
 Business Address \_\_\_\_\_ Start Date \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 (Cannot be PO Box per CA Bus & Prof Code Section 17538.5) Number of Employees \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Check if same as Business address  
 Please list detailed description/Type of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 CDTFA Sellers Permit # \_\_\_\_\_ - \_\_\_\_\_ Sub# \_\_\_\_\_

### **BUSINESS OWNER INFORMATION**

**Please check ownership type:**  Corporation  LLC  LP  Partnership  Sole Proprietor  
 Corp/LLC Name: \_\_\_\_\_  
 Fed Tax ID# \_\_\_\_\_ State Tax ID# \_\_\_\_\_  
**For Sole or Partnership Only - List address where each individual consents to receive service of process:**  
 Owner Name: \_\_\_\_\_ Driver Lic/ or ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ SS# or Taxpayer ID# \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Driver Lic/ or ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ SS# or Taxpayer ID# \_\_\_\_\_

### **Please Provide Alternate Business/Emergency Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### **CONTRACTORS PLEASE COMPLETE THE FOLLOWING**

State Contractors Lic No. \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_  
 Project Name/Address: \_\_\_\_\_

#### **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	\$.30 PER \$1,000 of gross receipts

\*Change Fee = \$15

This license period expires on   
 Estimated Gross Receipts based on  months  
 From  to

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

ENTER:  
 ESTIMATED GROSS RECEIPTS   
 CALCULATE TAX (SEE TAX SCHEDULE TO LEFT)   
 AB1379 STATE MANDATE FEE\* + \$4.00  
 TOTAL 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](http://www.dgs.ca.gov/dsa/home.aspx); The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov); The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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)