



City of Pinole

2131 Pear Street ▪ Pinole, CA 94564
Phone (510) 724-9008 ▪ Fax (510) 724-9826
Building (Outside City Licensed Contractor)
Phone (510) 724-8912 ▪ Fax (510) 724-4921

CHECK ONE:**New Application**

- Pinole Business
 - Commercial location
 - Home Based Business
 - Rental property
- Licensed Contractor Outside City limits
- Business outside City limits
- Transfer of Ownership**
- Application for Exemption**

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. _____

All primary business SIC Codes _____

Provide one: State Water Resources Control Board WDID/WDID application No./NONA/NED_

Contractors State License No. _____ Expiration Date _____ Type _____

Worker's Comp Policy No. _____ Insurer _____ Exp. Date _____

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.

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.

FOR CITY USE ONLY

Amount Paid \$ _____ Check/Receipt # _____ Business License # _____

Planning Division

I hereby certify that the type of Business the applicant proposes to conduct at this address is in conformance with applicable zoning regulations

_____ Date Planning Manager Approval

Use Classification: _____ Use is

_____ Allowed by right

Zoning District: _____ Allowed only with a CUP

PMC Section(s) (if applicable), or other required conditions: _____ Not permitted, cannot approve use at this location

Building and Fire Divisions

*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.*

_____ Date Building Inspector Approval

_____ Date Fire Marshal Approval