



Zoning Date: _____
 Approved By: _____
 To Planning: _____

BUSINESS LICENSE TAX APPLICATION

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: _____
State Board of Equalization/Resale # _____

BUSINESS OWNER INFORMATION

Please check one: Corporation LLC LP Partnership Sole Proprietor
Corp/LLC Name: _____
Fed Tax ID# _____ **State Tax ID#** _____
For Sole or Partnership Only:
Owner Name: _____ **Driver Lic No.** _____
Address _____ **Soc. Sec. No.** _____
 (Cannot be PO Box) _____ **Phone No.** _____
Owner Name _____ **Driver Lic No.** _____
Address _____ **Soc. Sec. No.** _____
 (Cannot be PO Box) _____ **Phone No.** _____

Please Provide Alternate Business/Emergency Contact

Name: _____ **Email:** _____ **Phone ()** _____

CONTRACTORS PLEASE COMPLETE THE FOLLOWING

State Contractors Lic No. _____ **Class** _____ **Expires** _____
Project Name/Address _____

LICENSE TAX SCHEDULE

<u>Range of Gross Receipts</u>	<u>Tax Due</u>
\$ 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

This license period is for twelve months ending

Estimated Gross Receipts are 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 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.ccca.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)