

Dear Business Owner:

In order to obtain a City business license, your zoning application must be approved by the Planning Department. **You must submit a separate business license application** with the appropriate fee to the City's Business License Division located at 200 Old Bernal Avenue (telephone: 925-931-5440).

Notification of your zoning approval may be made to other City departments such as Fire and Police. You may be contacted soon by one or more of these City offices if there are any specific departmental requirements which must be met relative to your business. One or more of the following items may apply to this approval:

- Any **signs** placed on the property are subject to the City's design review process. If a comprehensive sign program exists for your location, your business signs must conform to that program. Please contact the **Planning Department (925-931-5600)** for further information prior to installing any signs.
- All **signs and other exterior improvements for downtown businesses** must meet the design guidelines adopted for the Downtown Revitalization District. Please contact the **Planning Department (925-931-5600)**.
- Any **tenant improvements** at your location may require building permits. For certain businesses, such as food establishments, the payment of **additional sewer fees** may also be required. Please contact the **Building Department (925-931-5300)** for further information.
- Certain types of uses require the installation of a special **backflow prevention** device at the water meter. Please contact the **Water Department (925-931-5521)** for information.
- If your business utilizes any hazardous substances, you may be required to obtain a **hazardous materials** permit. Please contact the **Hazardous Materials Coordinator (925-454-2338)** or the **Hazardous Materials Inspector (925-454-2336)**.
- Certain businesses (dry cleaners, auto body shops, gas stations, etc.) will require approval of an **air quality permit** prior to operation. Please contact the **Bay Area Air Quality Management District (415-771-6000)** for further information.

SPECIAL CONDITIONS:

- This approval is granted subject to the conditions of approval of the conditional use permit (PCUP-____-____) which was approved for your location.
- This approval is subject to the following restriction(s) and/or clarification(s)

Zoning approval is based on the information provided on the zoning certificate form. Any changes may require further review and action by the City. Questions regarding this approval may be directed to the Planning Department (925-931-5600) or the Business License Division (925-931-5440).

**Did you: remember to sign and date the form?
 remember to describe in detail all business activities at the proposed location?**

Good luck in your business endeavor!



CITY OF PLEASANTON

200 Old Bernal Ave. P.O. Box 520 Pleasanton, CA 94566

DATE & P.O.D
APPROVAL

BUSINESS LICENSE TAX APPLICATION

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

BUSINESS ID NO.	ACCOUNT NO.	EXPIRATION DATE
Business Name _____	Bus. Phone () _____	
Business Location _____ <small>(Cannot be PO Box per State of California Business & Professions Code Section 17538.5)</small>	Bus. Fax () _____	
Mailing Address _____	Website _____	
Description of Business: _____	Start Date _____	
	Rate Type _____	
	SIC Code _____	
OWNERSHIP: [] Corporation [] Ltd. Liability Co. [] Partnership [] Sole Proprietor [] Ltd. Partnership [] Trust		
State Contractor Lic. No. _____ Type _____ Expires _____	FEIN NO. _____	
RESALE NO. _____	SEIN NO. _____	

NAME(S), RESIDENTIAL ADDRESS & PERSONAL IDENTIFICATION OF OWNERS, PARTNERS & CORP OFFICERS		
Owner Name _____	Title _____	Drivers Lic. No. _____
Address _____ <small>(Cannot be PO Box)</small>		Soc. Sec. No. _____
		Phone No. _____
		Cell Phone No. _____
Owner Name _____	Title _____	Drivers Lic. No. _____
Address _____ <small>(Cannot be PO Box)</small>		Soc. Sec. No. _____
		Phone No. _____
		Cell Phone No. _____

IN CASE OF EMERGENCY, PLEASE PROVIDE LOCAL CONTACT	
Name _____	Phone () _____
Address _____	

IF CONTRACTOR, COMPLETE THE FOLLOWING	
Project Name _____	
Address _____	

AGENT OF SERVICE (if a corporation)	
Name _____	Phone () _____
Address _____	

DOES YOUR BUSINESS INVOLVE: [] IMPORTING, [] EXPORTING, or [] NONE	
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LICENSE TAX SCHEDULE		PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON LEFT OF FORM BASED ON ESTIMATED GROSS RECEIPTS, ENTER FEE IN BOX BELOW AND SIGN
Range of Gross Receipts -	Tax -	
\$ 0 - \$ 24,999	\$25.00	NO. OF EMPLOYEES <input type="text"/>
\$ 25,000 - \$ 99,999	\$50.00	ESTIMATED GROSS RECEIPTS <input type="text"/>
\$100,000 - \$249,999	\$75.00	TOTAL TAX DUE <input type="text"/>
\$250,000 - AND ABOVE	\$.30 per \$1,000 of gross receipts	
This license period is for twelve months ending <input type="text" value="12/31/10"/>		
Estimated Gross Receipts are based on <input type="text"/> months:		
From <input type="text"/> to <input type="text" value="12/31/10"/>		

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.

Date _____ Signature of Owner or Representative _____

RETURN APPLICATION TO ADDRESS SHOWN ABOVE AND MAKE CHECK PAYABLE TO "CITY OF PLEASANTON"