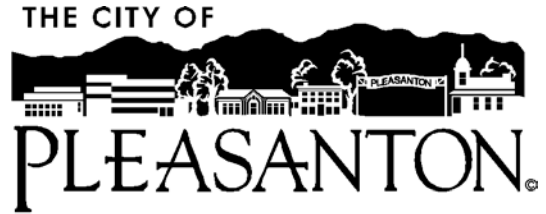


Planning Division

Mailing Address: P.O. Box 520
Physical Address: 200 Old Bernal Ave
Pleasanton, CA 94566-0802
(925) 931-5600 Fax: (925) 931-5483



APPLICATION FOR ZONING APPROVAL

(Required prior to establishing a business; making tenant improvements; or changing a business location)

Location of Business: _____ Suite _____
(Street address)

Business Owner's Name (Print): _____

Are you filing this license as an independent consultant/contractor? Yes or No

Is this a: Change of Address / Change of Ownership / New Business

Name of Business: _____

Contact Person: _____ **Title:** _____

Business Phone: (_____) _____ **Business Fax:** (_____) _____

Mailing Address: _____
(if different from above) (Address, City, Zip Code)

Description of Business: Describe the business activities (for example: automotive repair, retail sales of jewelry, party supply rental, research and development of eyewear/lenses) that will be conducted at the proposed location (even if the business is a change of ownership or location). Also describe any use of hazardous materials. **Please be specific.**

For Private School, Trade School, Indoor Recreation, and Tutoring Facilities Only:
By initialing, you hereby understand that the proposed business must comply with all applicable Federal, State, and local regulations. _____

By signing below you are certifying that the above information is correct and you understand that this permit only applies to the address noted above. If you move from this location, you will need to complete a new "Application for Zoning Approval."

Business Owner's Signature: _____ **Date:** _____

(For Completion by the Planning Department)

Zoning Designation: _____
Application No. **PZC-** _____
Municipal Code Use Definition: _____
Routing: Police Fire Code Enforcement Other

Additional information on the reverse side

Dear Business Owner:

In order to obtain a City business license, your zoning application must be approved by the Planning Division. **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 Division (925-931-5600) for further information prior to installing any signs.
- All signs and other **exterior improvements** must be reviewed by the Planning Division prior to commencement of work. Please contact the Planning Division (925-931-5600) for additional information and Design Review requirements.
- 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 and Safety Division** (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 **Utilities Division** (925-931-5520) 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 (**No. _____**) 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 application form. Any changes may require further review and action by the City. Questions regarding this approval may be directed to the Planning Division (925-931-5600) or the Business License Division (925-931-546).

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

Good luck with your business endeavor!



CITY OF PLEASANTON

200 Old Bernal Ave. P.O. Box 520 Pleasanton, CA 94566
(925) 931-5440 www.ci.pleasanton.ca.us

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: _____	Email _____	
**OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Ltd. Liability <input type="checkbox"/> Partnership. <input type="checkbox"/> Trust	Start Date _____	
State Contractor Lic. No. _____ Type _____ Expires _____	SIC Code _____	
RESALE NO. _____	FEIN NO. _____	
	SEIN NO. _____	

** NAME(s), RESIDENTIAL ADDRESS & PERSONAL IDENTIFICATION OF OWNERS & PARTNERS If CORPORATION With FEIN LIST OFFICERS (no personal identification required)

Owner Name _____	Title _____	Drivers Lic. No. _____
Address _____ <small>(Cannot be PO Box)</small>		Soc. Sec. No. _____
		Cell/Phone No. _____
Owner Name _____	Title _____	Drivers Lic. No. _____
Address _____ <small>(Cannot be PO Box)</small>		Soc. Sec. No. _____
		Cell/Phone No. _____

** PROVIDE LOCAL CONTACT INFORMATION

Name _____	Phone _____
Email Address _____	

IF CONTRACTOR, COMPLETE THE FOLLOWING

Project name/address _____	Phone _____
-----------------------------------	--------------------

AGENT OF SERVICE (if a corporation) Must be in CALIFORNIA

Name _____	Phone _____
Address _____	

** MUST BE PROVIDED TO PROCESS APPLICATION

LICENSE TAX SCHEDULE <table border="1"> <tr> <td>Range of Gross Receipts -</td> <td>Tax -</td> </tr> <tr> <td>\$ 0 - \$ 24,999</td> <td>\$25.00</td> </tr> <tr> <td>\$ 25,000 - \$ 99,999</td> <td>\$50.00</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$75.00</td> </tr> <tr> <td>\$250,000 - AND ABOVE</td> <td>\$.30 per \$1,000 of gross receipts</td> </tr> </table>	Range of Gross Receipts -	Tax -	\$ 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	PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON LEFT OF FORM BASED ON ESTIMATED GROSS RECEIPTS, ENTER FEE IN BOX BELOW AND SIGN NO. OF EMPLOYEES ** <input type="text"/> ESTIMATED GROSS RECEIPTS ** <input type="text"/> TOTAL TAX DUE <input type="text"/>
Range of Gross Receipts -	Tax -										
\$ 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										
This license period is for twelve months ending <input type="text" value="12/31/12.."/> Estimated Gross Receipts are based on <input type="text"/> months: From <input type="text"/> to <input type="text" value="12/31/12"/>											

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 ** _____

MAKE CHECK PAYABLE TO "CITY OF PLEASANTON" print representative name