



CITY OF PLEASANT HILL

BUSINESS LICENSE APPLICATION

Return this form with Tax to: City of Pleasant Hill Business License Dept. 100 Gregory Lane Pleasant Hill, CA 94523-3323 (925) 671-5234

- RENEWAL
NEW BUSINESS

Please type or print.

Make changes in printed information where necessary.

IF YOU ARE NO LONGER CONDUCTING BUSINESS IN PLEASANT HILL, SIGN HERE

DATE OUT OF BUSINESS (RETURN SIGNED FORM TO THE CITY)

BUSINESS NAME NO. OF PEOPLE WORKING AT THIS LOCATION (FT & PT)

BUSINESS LOCATION (Complete Address, City, State, Zip) CANNOT BE A P.O. BOX.

BUSINESS TELEPHONE OWNER'S HOME TELEPHONE DATE BUSINESS STARTED IN PLEASANT HILL

BUSINESS OWNER OWNER'S SOCIAL SECURITY NUMBER

HOME ADDRESS (Complete Address, City, State, Zip)

IS APPLICATION FOR SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC TRUST ATTACH SEPARATE LIST IF NECESSARY

NAME/TITLE ADDRESS (AREA CODE) PHONE

NAME/TITLE ADDRESS (AREA CODE) PHONE

Email: Website URL:

RESALE NUMBER (BOARD OF EQUALIZATION) STATE EMPLOYER I.D. # FEDERAL EMPLOYER I.D. NUMBER

TO CALCULATE YOUR TAX, USE CATEGORY IN SECTION C (OVER)

MAILING INFORMATION

ATTENTION NAME ADDRESS CITY, ZIP

PLEASE CHECK APPROPRIATE BOXES:

- Are you renting Commercial Property to a business?
Do you pay rent for office, work station, storage, etc. space?
Will business be conducted in your home?
Do you lease equipment from others?
Do you have any coin-operated machines (any type) on premises?

STATE MANDATED SB1186

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.

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
The Department of Rehabilitation at www.rehab.ca.gov/net.gov
The California Commission on Disability Access at www.coda.ca.gov

DESCRIPTION OF BUSINESS

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE DATED

AVOID PENALTIES - FILE PROMPTLY ALL BUSINESSES ARE SUBJECT TO AUDIT

OFFICE USE ONLY - FINANCE DEPT.

RECEIVED BY DATE HOME OCCUP. REF'L POLICE REF'L CASH CHECK SIC CODE LICENSE # AUDIT

COMMUNITY DEVELOPMENT & POLICE DEPTS./OTHER AGENCIES

ZONING LAND USE HOME OCCUPATION POLICE HEALTH DEPT.

A If you rent commercial property to a business, please list the names of all the businesses you are renting space to on the lines provided.

B List below the names and addresses of **①** Person(s) from whom you rent space (office, workstation, storage, etc.) **②** Owners of coin operated machines located on your business premises and/or **③** Owners of equipment you lease. (Specify **①**, **②**, or **③**)

CALCULATION OF TAX

C Find your category on the front of this application, just above the mailing address. Enter requested data for the appropriate category only. Using the separate Tax Schedule, determine your tax and penalty, if any, and enter them on the appropriate lines in Section D below.

CATEGORIES 01, 02, 05, AND 17

Applicants in business less than 12 months in the prior year shall compute gross receipts on an estimated 12 month basis.

	Amt. of Gross Receipts
01 - Retail/Wholesale/Service Real Estate Agents/Brokers	\$ _____
02 - Vending / Amusement	\$ _____
05 - Service By Vehicle* <small>* See Tax Schedule for definition of Service by Vehicle and instructions for reportable gross receipts.</small>	\$ _____
17 - Land Leases	\$ _____

CATEGORY 03: See definition of Professionals on Tax Schedule

03 - Professionals: You may choose the option that results in the lower tax.

OPTION A: Gross Receipts Amt. \$ _____
Refer to category 01 on the Tax Schedule to determine tax.
(If no gross receipts, you must use option B)

TOTAL TAX, OPTION A \$ _____

OPTION B: Refer to category 03 on the Tax Schedule to compute tax.

IMPORTANT: See definitions enclosed.

_____ Number of Professionals	x \$ _____	= \$ _____
_____ Number of Associates	x \$ _____	= \$ _____
_____ Number of Employees	x \$ _____	= \$ _____
	State Mandated Fee SB1186	\$4.00
TOTAL TAX, OPTION B		\$ _____

CATEGORY 06:

06 - Administrative Office: Refer to Tax Schedule to compute tax.

IMPORTANT: See definitions enclosed.

_____ Number of Professionals	x \$ _____	= \$ _____
_____ Number of Associates	x \$ _____	= \$ _____
_____ Number of Employees	x \$ _____	= \$ _____

CATEGORIES 07, 41, and 42: See instructions on separate Tax Schedule

07 - Non-Residential Rental Property	State Mandated Fee SB1186	\$4.00	_____ Sq. Ft. x \$ _____ = \$ _____
41 - Apartments	_____ No. of Units	x \$ _____	= \$ _____
<small>See Tax Schedule for prorating instructions.</small>			
42 - Hotels / Motels	_____ No. of Rooms		

CATEGORY 08:

08 - Miscellaneous _____
Description of Business

CATEGORY 11:

11 - Manufacturing Flat Fee \$ _____
_____ No. of Employees x \$ _____ = \$ _____

TOTAL TAX \$ _____

CATEGORIES 99 and 230:

Exempt and Non-Profit, respectively
Exempt from payment of tax, but must file this form.

D ALL CATEGORIES PLEASE COMPLETE:

TAX	\$ _____
PENALTY, If any (see below)	\$ _____
State Mandated Fee SB1186	\$4.00
AMOUNT ENCLOSED	\$ _____

- * WE DO NOT INVOICE — PLEASE ENCLOSE PAYMENT
- * BE SURE TO COMPLETE ENTIRE APPLICATION
- * SIGN AND DATE FRONT OF APPLICATION

COST OF LIVING:

The Business License Ordinance provides an annual adjustment in License Tax based on the Consumer Price Index.

PENALTIES FOR LATE FILING: LICENSE TAX IS DUE JANUARY 1 AND BECOMES DELINQUENT ON FEBRUARY 1. PENALTIES ARE 20% PER MONTH OR PORTION OF A MONTH DELINQUENT, UP TO 100%. SEE RATE SCHEDULE FOR PRORATING OF ANNUAL RATE.