



2131 Pear Street, Pinole, CA 94564 [www.pinole.gov](http://www.pinole.gov)  
 Phone: (510) 724-9008 Email: [businesslicenses@pinole.gov](mailto:businesslicenses@pinole.gov)

- CHECK ONE:**  
**New Application**  
 Pinole Business  
 Commercial location  
 Home Based Business  
 Rental property  
 Business outside City limits  
 **Transfer of Ownership**  
 **Application for Exemption**  
 **Transfer of Ownership**  
 **Renewal: License**

**BUSINESS INFORMATION**

**Business Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Business Location (Not a mailbox):** \_\_\_\_\_

**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 NAICS 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.*

**Note this section is for new applications for businesses located within the City of Pinole**

**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*

\_\_\_\_\_ **Planning Manager Approval**

**Use Classification:** \_\_\_\_\_ **Use is**  
 Allowed by right  
 Allowed only with a CUP  
 Not permitted, cannot approve use at this location  
**Zoning District:** \_\_\_\_\_  
**PMC Section(s) (if applicable), or other required conditions:** \_\_\_\_\_

**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.*

\_\_\_\_\_ **Building Inspector Approval**

\_\_\_\_\_ **Fire Marshal Approval**