



CITY OF SAN PABLO
City of New Directions

Business License Application

1000 Gateway Avenue
San Pablo, CA 94806
510.215.3030 ♦ Fax 510.215.3014
www.sanpabloca.gov

THANK YOU FOR DOING BUSINESS IN SAN PABLO!

CHECK ONE:

- New Business
- One-day sales
- Renewal
- Home Business
- Quarterly
- Peddler

The City of San Pablo Municipal Code requires all businesses to pay a business tax, but such payment does not authorize an applicant to do business in the City. All businesses must comply and continue to comply with all laws of the city, including but not limited to its zoning, building, planning, fire, plumbing, electrical, mechanical and subdivision regulations.

BUSINESS INFORMATION

Name of Business: _____ Start Date: _____

Business Site Address: _____

Phone No: _____ Fax No: _____ Email: _____

Business Owner's Name _____

Contact Person's Name: _____ Title: _____ Phone: _____

If change of ownership, list previous owner/business name _____

Mailing Information (if different than above):

Address: _____ Apt/Suite No: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER'S INFORMATION

Name: _____ Phone No: _____

Address: _____ Apt/Suite No: _____

City: _____ State: _____ Zip: _____

DECLARATION STATEMENT

I hereby declare that I am the property owner, or property owners representative, of the real property involved in this application and do hereby consent to the filing of this Business License application.

Property Owner Signature: _____ Date: _____

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BUSINESS PLAN

Type(s) of Business: _____

Hours of Operation : _____

If this is a retail or service establishment, list the items that you will be selling/ services which you will be offering:

1. Will you be selling tobacco products? Yes No
2. Ownership Type (check one): Sole Proprietor Partnership Corporation Trust Limited Liability
3. Federal ID No. _____ 4. State ID No. _____
5. Business Owner(s) Social Security No. _____
6. Resale/State Board No. _____ 7. State Contractors No. _____
8. SIC Code _____ 9. Water Board Permit: No

BUSINESS LICENSE FEES		Quarterly fee: (Contractors Option)	
Yearly Fee:		Minimum Fee:	<u>\$85.86</u>
Basic Minimum Fee:	<u>\$137.80</u>	Per Employee: __ @ \$8.48 ea	_____
2-24 Employees: _____ @ \$26.50 each	_____	State Mandated Disability	_____
And Over 25 Emp.: _____ @ \$18.02 each	_____	Access and Education	_____
Additional Fees:	_____	Revolving Fund*:	<u>\$4.00</u>
Number of Bldgs. _____ x 85.86	_____	Total Fee	<u>\$ _____</u>
Number of Units _____ x 34.98	_____		
Late Penalties: _____	_____		
(1 mo. 20%, 2 mo. 30%, 3 mo. 50%)			
State Mandated Disability Access and Education Revolving Fund*:	<u>\$4.00</u>		
Total Yearly Fee	<u>\$ _____</u>		

* After January 1, 2018, the State has increased the one dollar (\$1) fee charged on all Business Licenses to four-dollars (\$4) for the CASp Certification and Training Fund. This is a State mandated fund used to facilitate compliance with construction requirements for disability access and for the training and retention of certified access specialists within the jurisdiction.

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.

DECLARATION STATEMENT

I declare, under penalty of perjury, that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of Zoning, Building, Fire and other applicable laws, ordinances and regulations pertaining to the operations of such businesses. The issuance of this license does not constitute the city's consent that the holder of such license may operate a business in violation of any such codes or regulations. Furthermore, I agree to notify the City of San Pablo within ten (10) days of change in the facts stated herein.

Signature _____ Date _____

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FOR OFFICE USE ONLY (Chronology):	Date submitted _____
Planning Div: Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Use Permit required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Zoning District _____	General Plan: _____
Reviewed By _____	Date Approved: _____
Building Div: Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviewed By _____ Date _____	
Fire Dept: Inspection required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fee paid Yes <input type="checkbox"/> No <input type="checkbox"/>
Inspection Date _____	
Code Enforcement: Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviewed By _____ Date _____	

Comments: _____

Inspector: _____ Inspection Scheduled date: _____ Completed date: _____
 Inspection Results _____