



CITY OF SAN PABLO
City of New Directions

Business License Application

13831 San Pablo Avenue, Bldg. #3
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: _____

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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: _____

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:

Will you be selling tobacco products? Yes No

Business Ownership Type: (check one)

Sole Proprietor _____ Partnership _____ Corporation _____ Trust _____ Limited Liability _____

Federal ID No. _____ State ID No. _____

Business Owner(s) Social Security No. _____

Resale/State Board No. _____ State Contractors No. _____

BUSINESS LICENSE FEES

Yearly Fee:

Basic Minimum Fee: \$137.80

2-24 Employees: _____ @ \$26.50 each _____

Over 25 Emp.: _____ @ \$18.02 each _____

Additional Fees: _____

Late Penalties: _____

(1 mo. 20%, 2 mo. 30%, 3 mo. 50%) _____

State Mandated Disability Access

and Education Revolving Fund*: \$4.00

Total Yearly Fee \$ _____

Quarterly fee: (Contractors Option)

Minimum Fee: \$85.86

Per Employee: _____ @ \$8.48 ea _____

State Mandated Disability

Access and Education

Revolving Fund*: \$4.00

Total Fee \$ _____

* 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 .
- The Department of Rehabilitation at www.rehab.cahwnet.gov .
- The California Commission on Disability Access at www.cdda.ca.gov .

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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 _____

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"/>
SIC Number(s) _____	General Plan: _____
Zoning District _____	Date Approved: _____
Reviewed By _____	
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"/>	
Inspection Date _____ Fee paid Yes <input type="checkbox"/> No <input type="checkbox"/>	
Code Enforcement: Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviewed By _____ Date _____	

Comments: _____

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

Inspection Results _____