



**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](http://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: \_\_\_\_\_

=====

*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. \_\_\_\_\_

**SIC Code** \_\_\_\_\_ **Water Board Permit** Yes \_\_\_\_\_ No \_\_\_\_\_

<https://www.osha.gov/pls/imis/sicsearch.html>

**BUSINESS LICENSE FEES**

**Yearly Fee:**

Basic Minimum Fee: \$137.80

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

And Over 25 Emp.: \_\_\_ @ \$18.02 each \_\_\_\_\_

Additional Fees: \_\_\_\_\_

Number of Bldgs. \_\_\_ x 85.86 \_\_\_\_\_

Number of Unis \_\_\_ x 34.98 \_\_\_\_\_

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](http://www.dgs.ca.gov/dsa/Home.aspx) .
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) .

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"/> Zoning District _____ Reviewed By _____	Use Permit required? Yes <input type="checkbox"/> No <input type="checkbox"/> General Plan: _____ Date Approved: _____
<b>Building Div:</b> Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Reviewed By _____ Date _____	
<b>Fire Dept:</b> Inspection required: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspection Date _____	Fee paid Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Code Enforcement:</b> Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Reviewed By _____ Date _____	

**Comments:** \_\_\_\_\_

Inspector: \_\_\_\_\_ Inspection Scheduled date: \_\_\_\_\_ Completed date: \_\_\_\_\_

Inspection Results \_\_\_\_\_