

CITY OF PLEASANT HILL

Business License Department

100 Gregory Lane • Pleasant Hill, CA 94523-3323
(925) 671-5234



- RENEWAL
- NEW APPLICATION
- ANNUAL
- SEMI-ANNUAL
- QUARTERLY

APPLICATION FOR BUSINESS LICENSE
CONTRACTORS, SUBCONTRACTORS, LAND DEVELOPERS AND BUILDERS

IF YOU ARE LOCATED IN PLEASANT HILL YOU MUST OBTAIN ANNUAL LICENSE

BUSINESS NAME _____

BUSINESS ADDRESS (CANNOT BE A P.O. BOX) CHECK BOX IF THIS IS A CHANGE OF ADDRESS _____

BUSINESS PHONE _____

DATE BUSINESS STARTED IN PLEASANT HILL _____

DATE JOB STARTED IN PLEASANT HILL _____

GIVE BRIEF DESCRIPTION OF TYPE OF WORK YOU ARE LICENSED TO PERFORM _____

BUSINESS OWNER _____

OWNER'S HOME ADDRESS _____

CITY _____

ZIP _____

HOME PHONE _____

OWNERSHIP TYPE AND ID NUMBER (At least one I.D.# must be provided.)

Sole Proprietor ()
Social Security I.D. # _____

Partnership ()

Corporation ()

Federal I.D. # _____

State I.D. # _____

Board of Equalization No. _____

State Contractors No. _____

MAILING INFORMATION:

ALL CORRESPONDENCE WILL BE MAILED TO THE BUSINESS ADDRESS, UNLESS OTHERWISE NOTED.

ATTENTION
NAME
ADDRESS
CITY, ZIP

YOU MAY CHOOSE THE OPTION BELOW THAT RESULTS IN THE LOWER TAX.

- If you have a fixed place of business in Pleasant Hill, you MUST obtain an annual license under either option.
- Option B is available only for an annual license, and the tax is calculated on *net gross receipts (gross receipts less payments to subcontractors)* for work done in Pleasant Hill during the prior 12-month period.
- **Final inspection will be withheld until all subcontractors are licensed. List them on reverse side of application.**

If there are no subcontractors, initial here: _____

Option A: See Tax Schedule for current flat tax rates for annual, semi-annual and quarterly licenses.

Option B: See Tax Schedule for instructions and gross receipts tax rates.

Gross receipts/estimated from Pleasant Hill work for a 12 month period: \$ _____

Less payments to subcontractors (must list on back of application): \$ _____

Net Gross receipts from Pleasant Hill Work for a 12 month period: \$ _____

State Mandated Fee SB1186 (see back) = \$4.00

Option Chosen: _____ Tax Due: _____ +\$4.00 (State Mandated Fee)=\$ _____

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

Dated _____ Signed _____ Name _____ Title _____

SEE INFORMATION ABOUT DUE DATE AND PENALTIES ON THE REVERSE SIDE.

Recvd By _____	Date _____	Expiration Date _____	Gross Receipts Audit: _____ 20 _____
Amt Recd _____	Rcpt # _____	Category Code _____	Date Land Use Permit: _____
Check <input type="checkbox"/> # _____	License # _____	SIC Code _____	Home Occupation Permit No.: _____
Cash <input type="checkbox"/>	FOR OFFICE USE ONLY		LUP/HO Permit Approved By: _____ Date _____

