

City of Piedmont
BUSINESS LICENSE APPLICATION
City Clerk's Office - (510) 420-3040

New
Renewal

1. Business Name _____
Street _____ City _____ Zip _____
Mail Address _____ City _____ Zip _____
(If different than above)
2. Owner's Name(s) _____
Street _____ City _____ Zip _____
(If different than above)
3. Business Phone _____ Home Phone _____
4. Type of Business _____ State Cont. Lic. No. _____
5. Ownership Type (Check one) Sole Proprietorship _____ Partnership _____ Corporation _____ Trust _____
6. The State of California requires that you provide at least **one** of the following:
If you hold a current seller's permit, you MUST list your State Board of Equalization number.
- Social Security Number _____ SEIN (State Employer's ID No.) _____
FEIN (Federal Employer's I.D. No.) _____ Board of Equalization No. _____

NEW LICENSE RATES:

State Licensed Contractors (3-Month License)*	\$ 50
State Licensed Contractors (12-Month License)*	\$100
Film (per day)	\$500
Auctions (per day)	\$200
All Other Businesses	\$100

RENEWAL RATES:

ALL BUSINESSES with gross receipts GREATER than \$50,000 for previous year, use the following calculation:

Prior 12 mos. gross receipts \$ _____ x .002 = \$ _____ (Example: \$56,000 x .002 = \$112)

Contractors* w/gross receipts less than \$25,000 may chose 3-Month License	\$ 50	or 12-Month	\$100
Contractors* w/gross receipts less than \$50,000	\$100		
Film (per day)	\$500		
Auctions (per day)	\$200		
Gardeners, chimney sweeps, pest control, craft/art (GROSS < \$5,000)	\$ 50		
Interior design with seller's permit (GROSS < \$3,000)	\$ 50		
All other Businesses w/gross receipts less than \$50,000	\$100		

Effective January 1, 2013, state law (GC § 4467) requires that all applicants for local business licenses add a **\$1.00 fee** to support state and local disability access programs in addition to the business license tax imposed by the City.

Enclosed is my payment to The City of Piedmont for:

Business License fee:	\$ _____	
State Disability Access fee:	\$ <u>1.00</u>	
Total	\$ _____	Cash or Check Only

I hereby certify under penalty of perjury that the information provided in this application is true and correct. Further, I certify I am in compliance with all applicable state and city ordinances governing my business.

Signature _____ Date _____

***All Licensed Contractors must provide proof of valid Workers' Compensation insurance as required by State of California.
NO BUSINESS LICENSE WILL BE ISSUED WITHOUT PROOF OF INSURANCE.**

If you **do NOT have employees** and do NOT carry Workers' Compensation Insurance, please sign below.

AFFIDAVIT OF WORKERS' COMPENSATION EXEMPTION

I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws of California.

Owner's Signature _____ Date _____

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

STATE OF CALIFORNIA DISABILITY ACCESS FEE

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.

Mail completed form and check made payable to the "City of Piedmont" at address below.

PLEASE NOTE: Cash or Checks Accepted Only

**City of Piedmont
City Clerk's Office
120 Vista Avenue
Piedmont, CA 94611**

(510) 420-3040
FAX: (510) 653-8272