

City of Piedmont
BUSINESS LICENSE APPLICATION

New
Renewal

Please print or type the following information

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 LICENSE 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		
All other Businesses 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		

Enclosed is my check payable to The City of Piedmont for \$ _____

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. (See reverse side)**

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.

Mail completed form and check made payable to the "City of Piedmont" to:
(Cash or Checks Accepted Only)

**City of Piedmont
Business Licenses
120 Vista Avenue
Piedmont, CA 94611**