

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

New   
Renewal

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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 \_\_\_\_\_ Email \_\_\_\_\_
4. Type of Business / SIC Code \_\_\_\_\_ 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 ID No.) \_\_\_\_\_ Board of Equalization No. \_\_\_\_\_
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7. WORKERS COMPENSATION INSURANCE

California state law requires all licensed contractors to provide proof of valid Workers' Compensation insurance.

- This business is not a licensed contractor (Skip to item 8)
- This business is a licensed contractor and carries Workers Compensation insurance as required by the State of California  
Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- This business is** a licensed contractor, but **DOES NOT** carry Workers Compensation insurance, and I certify that, in the performance of work for which this license is issued, this business shall not employ any person in any manner so as to become subject to the Workers' Compensation laws of California.
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8. STORMWATER (NDPES) COMPLIANCE STATEMENT

Effective January 1, 2020, all businesses which are regulated industries under Water Code Section 13383.5 shall demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program prior to the issuance of a business license. A list of regulated industries is available at [https://www.waterboards.ca.gov/water\\_issues/programs/stormwater/sicnum.shtml](https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml)

- This business is a regulated industry and I am enrolled with the NPDES permit program. (Please fill out additional form.)
- This business is NOT a regulated industry and I am not required to enroll with the NPDES permit program.
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**Please continue to page 2 for payment calculation and signature.**

9. PAYMENT CALCULATION

**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 choose 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		

**Select Payment Method:**       Cash                       Check                       Credit Card\*

**Enclosed is my payment to The City of Piedmont for:**

<b>Business License Tax:</b>	\$ _____
<b>State Disability Access Fee:</b>	\$ <u>4.00</u>
<b>Total</b>	\$ _____

\*A payment fee of 2.9% for credit card plus a \$0.30 charge for each transaction will be collected by the payment merchant. The City will collect the Business License Tax only. If paying by credit card, an invoice will be emailed to you, which will include the payment merchant fee, City tax, and state disability fee combined in one total. . *Please ensure email address is listed and orrect on the reverse side of form.*

**Original forms must be mailed to:** City Clerk’s Office, City of Piedmont, 120 Vista Ave., Piedmont, CA 94611. If paying by check or cash, please send payment with your form.

**CERTIFICATION & SIGNATURE**

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 law and city ordinances governing my business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 <http://www.dgs.ca.gov/dsa/Home.aspx>
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**SALES OR USE TAX** may apply to your business activities. Please see the Board of Equalization web site at <http://www.boe.ca.gov/> for more information.