Office Use Only: ID _____ **CID#** _____ **Class** _____ **Type** _____ **Cycle Code**_____ **Bill #** _____

Planning _____ **Building** _____ **Police** _____ **Lic Beg-End**_____

Comments_____

Initial Review:_____ **Entered by:**_____ **Adj #**_____ **License printed:**_____ **Final Review:**_____

2013 Business License Application

CITY OF MARTINEZ

OUTSIDE Contractors (07), Subcontractors (08)

525 Henrietta St, Martinez, CA 94553

(925) 372-3576 or Fax (925) 372-3480 email: businesslicense@cityofmartinez.org

OUTSIDE CITY - Choose One

_____ **12-month period $ 377.00***

_____ **6-month period $ 214.00***

_____ **3-month period $ 124.00***

***includes $1 State-Mandated Fee**

**********PLEASE COMPLETE AND SIGN – PLEASE TYPE OR PRINT CLEARLY**********

Business Name _____ **Sole Partnership Corporation Other:**_____
(OWNERSHIP – circle one)

Job Location _____ **Job Start Date:** _____

Mailing Address _____ City _____ State ____ Zip Code _____
(IF DIFFERENT THAN BUSINESS LOCATION)

Describe Business Activity_____

State Contractor License _____ Class _____ Expiration Date _____

Business Tax Payer Identification Number _____
(SSN OR FEIN THAT WILL BE USED FOR STATE & FEDERAL TAX FILINGS)

Fictitious File # _____

Seller's Permit # _____

State Tax ID _____

Owner/Officer 1 Name _____

Title _____

Home Address _____
(NOT A P O BOX)

City _____State ____ Zip Code _____

Bus. Phone _____ Alt. Phone _____

Email _____

Owner/Officer 2 Name _____

Title _____

Home Address _____
(NOT A P O BOX)

City _____State ____ Zip Code _____

Bus. Phone _____ Alt. Phone _____

Email: _____

Do you have more than one type of business in the City? **No** **Yes** → Please complete the Business License Application Addendum.

Please indicate if the intended occupancy will use chemicals (HAZMAT) **Yes** **No**

Initiating "yes" acknowledges that H & S Code Sect. 25505 and 25534 as well as filing directions were made available to you.

FINAL INSPECTION WILL BE WITHHELD UNTIL ALL SUBCONTRACTORS ARE LICENSED.

I declare under penalty of perjury that I am authorized to make this application and that to the best of my knowledge and belief, all the information given is true, accurate, and complete. I also fully understand that the filing of this application and the payment of a tax does NOT constitute the issuance of a business license and does NOT entitle me to commence or carry on any business in the City of Martinez.

_____ _____ _____ _____

Applicant's signature Date Applicant's signature Date

*INCLUDES $1 FEE - On September 19, 2013, Governor Brown signed into law Senate Bill 1186 which adds a state fee of $1.00 on any applicant for a local business license or renewal. Effective January 1, 2013 this fee will be required from all new business licenses or renewals. The purpose of the fee is to provide a funding source for increased disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with the federal and state disability laws.

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.ccda.ca.gov.