



**CHECK ONE:**  
 New Application  
 Renewal: License # \_\_\_\_\_

2131 Pear Street, Pinole, CA 94564 [www.pinole.gov](http://www.pinole.gov)  
 Phone: (510) 724-9009 Email: [businesslicenses@pinole.gov](mailto:businesslicenses@pinole.gov)

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Business Location (Not a mailbox): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Type:  Sole Ownership  Partnership  Corporation  Limited Liability Corp.  Non-Profit

Federal Tax ID No. \_\_\_\_\_ Sales Tax ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Primary business NAICS Code \_\_\_\_\_

Contractors State License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Worker's Comp Policy No. \_\_\_\_\_ Insurer \_\_\_\_\_ Exp. Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street City State Zip

Owner's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street City State Zip

Owners Signature

Date

*I declare, under penalty of perjury, that the information submitted on this application is true and correct.*

**2024 Fee Schedule**

**Licensed Building Contractor Outside of the City**

**\$249.00\* Annual**

**\$137.00\* Semi-Annual** (6 consecutive months within the same calendar year)

**\$ 82.00\* Quarterly** (3 consecutive months within the same calendar year)

\*Please consider the date in which you are submitting your application and select the appropriate term of your license as the expiration date cannot be beyond 12/31 of the license year for which you are applying.

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: DEPARTMENT OF GENERALSERVICES, Division of the State Architect, CASp Program [www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa) [www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp) DEPARTMENT OF REHABILITATION Disability Access Services [www.dor.ca.gov](http://www.dor.ca.gov) [www.dor.ca.gov/home/disabilityaccessservices](http://www.dor.ca.gov/home/disabilityaccessservices) DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access [www.dgs.ca.gov/ccda](http://www.dgs.ca.gov/ccda) [www.ccda.ca.gov/resources](http://www.ccda.ca.gov/resources)  
 Visit the following website to read full notice: <https://www.dgs.ca.gov/DSA/Resources/Page-Content/Resources-List-Folder/AB-3002-Model-Notice?search=model>