



CITY OF PITTSBURG
 65 Civic Avenue
 Pittsburg, CA 94565-3814
 (925) 252-4955

BUSINESS PERMIT APPLICATION

PLEASE CHECK: **NEW** **RENEWAL**
 * If there are no changes from previous application, please check and sign the form. **NO CHANGE**

1) APPLICANT IDENTIFICATION:

Name: _____ Date of Birth: _____
 Home Address: _____
 Business Address: _____
 Home Phone: () _____ Business Phone: () _____
 Drivers License #: _____ Expiration Date: _____ State Issued: _____

2) DESCRIPTION OF BUSINESS/PROPOSED ACTIVITY:

HAVE YOU EVER HAD A PRIOR PERMIT/LICENSE REVOKED OR SUSPENDED IN ANY OTHER CITY, COUNTY OR STATE:

() Was Restricted () Was Revoked () Was Suspended

IF SO, PLEASE EXPLAIN:

OF EMPLOYEES ON SITE: *(indicate lowest and highest # if seasonal)* _____

OF ELECTRONIC, MECHANICAL & VIDEO GAMES ON SITE: (if applicable)

AND TYPES OF VEHICLES THAT WILL BE USED:

3) APPLICANT AND INTERESTED PARTIES PERSONAL INFORMATION:

(Applicant and partner(s) having an ownership interest in the business if more than ten (10%) percent, if the business is a partnership; and manager or other person(s) in charge of the operation of the business). List ALL interested parties; use a separate sheet of paper if necessary.

Name: _____ Date of Birth: _____
 Home Address: _____
 Business Address: _____
 Home Phone: () _____ Business Phone: () _____
 Drivers License #: _____ Expiration Date: _____ State Issued: _____

DETAIL DESCRIPTION OF PAST BUSINESS/ACTIVITY EXPERIENCE:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW?:

(Exclude minor traffic violations, except for drunk driving and/or reckless driving, within the last ten (10) years, the jurisdiction in which the conviction occurred, and the disposition of the case) A conviction does not necessarily bar you from receiving a license; however, failure to list all convictions may result in a denial.



Name: _____ Date of Birth: _____

Home Address: _____

Business Address: _____

Home Phone: () _____ Business Phone: () _____

Drivers License #: _____ Expiration Date: _____ State Issued: _____

DETAIL DESCRIPTION OF PAST BUSINESS/ACTIVITY EXPERIENCE:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW?:

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CERTIFICATION:

I declare under penalty of perjury in the State of California, that the following information contained in this application is true and correct. I understand I may not operate my business until I have received by business permit. I am also aware that any permit/license granted shall be subject to the conditions set by the office or body required to act on this application to insure that this proposed business/activity is not, in itself, objectionable or detrimental to the public health, morals, safety, or general welfare. I have received a copy and agree to comply with Chapter 5.12 of the City of Pittsburg Municipal Code related to Business Permits.

SIGNATURE: _____

DATE: _____