



City of Piedmont Business License Application

• Business Licensing Division •
8839 N Cedar Ave #212, Fresno, California 93720
PH (510) 250-1975 • FAX (909) 348-0465
Apply Online Today At: <https://piedmont.hdlgov.com>

OFFICIAL USE ONLY

Business License No. _____
Expiration Date _____
NAIC Code _____
License Tax \$ _____
Check # _____ ☐ Credit Card ☐ Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____	Bus. Start Date _____
Corporate Name _____ (if applicable)	☐ New Application ☐ Change ☐ Home Occupation
Business Location _____ (Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)	Email Address _____
Mailing Address _____	State Sales Tax No. _____
Phone No. _____ Alt. No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
Ownership ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Trust ☐ Non-Profit	State License No. _____
	State License Type _____
	Expire Date _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Social Security No. _____
Home Address _____ (Cannot be P.O. Box)	Driver's License No. _____
	Other ID No. _____
	Phone No. _____
2nd Owner Name _____ Title _____	Social Security No. _____
Home Address _____ (Cannot be P.O. Box)	Driver's License No. _____
	Other ID No. _____
	Phone No. _____

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the second page of this form.

THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS LICENSE TO BE PROCESSED

The City of Piedmont business license tax application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with your renewal, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please complete section 2 in Page 2 to fulfill this new requirement.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____
	Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Business License Tax Application

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Piedmont Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the expired date.

SIGN HERE

→ _____
Signature of Owner or Representative

Title _____ Date _____

*Thank you for doing business
in the City of Piedmont*

Estimated First Year Annual Gross
Receipts (GR) \$ _____

NOTICE: 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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

RETURN APPLICATION BY MAIL TO:

City of Piedmont - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:

Piedmont@hdlgov.com

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect

☐ Business Location

☐ Mailing Address

☐ Owner/Partner/Officer Address

NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE

* If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

SIC # _____ **Permit #** _____

* Otherwise, please provide the following identification numbers:

Notice of Non-Applicability # _____ **OR** **No Exposure Certification #** _____

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html. The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.