



CITY OF CALEXICO BUSINESS LICENSE APPLICATION  
(760) 768-2122 FAX (760) 768-2125 OR [businesslicense@calexico.ca.gov](mailto:businesslicense@calexico.ca.gov)

FEE: \$58.00 PLUS \$92.00 PLUS \$1.00 FOR SB1186 TOTAL **\$151.00** ACCT# \_\_\_\_\_  
FOR CALENDER YEAR

BUSLC# \_\_\_\_\_

**SB1186 STATE MANDATED DISABILITY  
ACCESS AND EDUCATION REVOLING FUND \$1.00  
Effective January 1, 2013**

APPLICATION FOR SUB-CONTRACTOR'S LICENSE

IN COMPLIANCE WITH SECTION 7033 OF THE BUSINESS AND PROFESSIONS CODE OF THE STATE OF CALIFORNIA, I \_\_\_\_\_ HEREBY CERTIFY THAT I AM LICENSED BY THE STATE OF CALIFORNIA TO CONDUCT BUSINESS IN THIS STATE AS A STATE LICENSED CONTRACTOR, UNDER THE PROVISIONS AS SET FORTH IN CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONS CODE OF THE STATE OF CALIFORNIA.

NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE CONTRACTOR'S LICENSE#: \_\_\_\_\_

OWNERSHIP TYPE: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_  
LAST FIRST MI

OWNERS ADDRESS: \_\_\_\_\_

BUSINESS PHONE#: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_

I FURTHER CERTIFY THAT THE ABOVE AND FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

GENERAL CONTRACTOR'S NAME: \_\_\_\_\_

JOB SITE: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF STATE CONTRACTOR'S LICENSE**