



**APPLICATION FOR SUB- CONTRACTOR’S LICENSE**



CITY OF CALEXICO BUSINESS LICENSE APPLICATION  
(760) 768-2120 OR businesslicense@calexico.ca.gov

**FEE:** \$100.00 PLUS \$20.00 REG. FEE \$4.00 AB1379 **TOTAL \$124.00** ACCT# \_\_\_\_\_  
**FOR CALENDER YEAR**

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

**AB1379 STATE MANDATED DISABILITY  
ACCESS AND EDUCATION REVOLING FUND \$4.00  
Effective January 1, 2018**

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 SUB-CONTRACTOR’S LICENSE#: \_\_\_\_\_

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

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

LAST FIRST MI

**E-MAIL ADDRESS:** \_\_\_\_\_

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 SUB-CONTRACTOR’S NAME: \_\_\_\_\_

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

**PLEASE SUBMIT A COPY OF STATE SUB-CONTRACTOR’S LICENSE  
PLEASE CANCEL ACCOUNT ONCE NO LONGER DOING BUSINESS WITHIN  
THE CITY OF CALEXICO, TO AVOID FURTHER BILLING**