



APPLICATION FOR 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 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 CONTRACTOR'S NAME: _____

JOB SITE: _____

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