



CITY OF SANTA FE SPRINGS

CONTRACTOR BUSINESS LICENSE APPLICATION-Business Operation Tax Certificate

11710 TELEGRAPH RD, SANTA FE SPRINGS, CA 90670
562.868.0511 FAX 562.868.7112 www.santafesprings.org

This application is a public record pursuant to the California Public Records Act. In the event that the City receives a request for inspection or copying of this record, the City will comply, except that the City will not provide Social Security numbers or confidential financial records.

OFFICE USE ONLY

Date applied: _____ By: _____

License No: _____

BUSINESS INFORMATION

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

BUSINESS NAME: _____
(Please print)

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____
(If different from Business Address)

OWNER/OFFICER INFORMATION *(Required)*

Name: _____

Residence Address: _____

Home Phone: _____

CHECK ONE: Corporation LLC Partnership Sole Proprietorship

FEDERAL TAX ID #: _____ SOCIAL SECURITY #: _____

I hereby certify that I am duly licensed under the provisions of Chapter 9 of Division 3 of the Business and Professions Code of the State of California and that such license is in full force and in effect.

STATE CONTRACTORS LICENSE NO:		TYPE:
-------------------------------	--	-------

POCKET LICENSE EXPIRATION DATE:

Fee Schedule

GENERAL CONTRACTOR (TYPE A OR B)	\$150.00	\$
SUB-CONTRACTOR (TYPE C OR D)	\$100.00	\$
PROCESSING FEE		\$ 30.00
STATE MANDATED FEE (AB1379)*		\$4.00
	TOTAL AMOUNT DUE	\$

**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/Home.aspx • The Department of Rehabilitation at: www.rehab.cahwnet.gov • The California Commission on Disability Access at: www.cdda.ca.gov*

The above information is true and correct to the best of my knowledge and belief.

Responsible Party: (Print) _____ Date: _____

SIGNATURE: _____