



**COMMUNITY DEVELOPMENT DEPARTMENT
BUSINESS LICENSE DIVISION**

1700 W. 162nd Street, Gardena CA 90247

TEL: (310) 217-9518 FAX: (310) 217-9698

Account No. _____

Application for Business License for Licensed Building Contractor

In City Out of City

Business Name		
Corporate Name		Business Phone No.
Business Address		
Mailing Address		
Nature of Business		
Name of Applicant		Cell Phone No.
Residence Address		Home Phone No.
Federal Tax ID No.		Contractor's Classification
Social Security No.	Driver's License No.	State Contractor's No
Ownership: <input type="checkbox"/> Qualified Joint Venture <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> LLC		
Name/Title of Officer or Partner		Phone No.
Home Address of Officer or Partner		
Name/Title of Officer or Partner		Phone No.
Home Address of Officer or Partner		
Name/Title of Officer or Partner		Phone No.
Home Address of Officer or Partner		

I certify that the above named Business/Applicant is licensed under the provisions of Chapter 7033, Contractor License Law, Business and Professional Code, State of California, and that such license is in full force and effect.

Signature and Title	Date
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For City Use Only

Bus Type NAICS _____ Zoning _____
 EDP No _____ Alarm _____
 License _____ Scanning _____
 Inspection _____
 Fire Inspection _____ Total Rcvd _____

Approved Disapproved

Remarks:

By

Date