



CITY OF SOUTH EL MONTE

1415 N. Santa Anita Avenue South El Monte, CA. 91733

(626) 579-6540 • Fax (626)579-2409

Attn: Bus. License Coordinator

CONTRACTOR REGISTRATION

BUSINESS ID NO: _____

ACCOUNT NO: _____

EXPIRATION DATE: _____

YOU MUST FILL IN ALL INFORMATION BELOW OR YOUR LICENSE CANNOT BE PROCESSED

TYPE OF CONTRACTOR: General Contractor Subcontractor

BUSINESS NAME _____

BUSINESS LOCATION _____
(Cannot be PO BOX per State of California, Business & Professions Code – Section 175.36.5)

BUS. PHONE _____

BUS. FAX _____

MAILING ADDRESS _____

TYPE OF CONTRACTOR _____

OWNERSHIP Corporation Corp-Ltd. Liability Partnership Sole Proprietor Limited Partnership Trust

STATE LIC. NO. _____ LIC. TYPE _____ EXPIRATION DATE _____

FEIN NO. _____ SEIN NO. _____

Enter below names of Owners, Partners, or Corporate Officers

1ST OWNER _____ TITLE _____ PHONE _____

2ND OWNER _____ TITLE _____ PHONE _____

Enter below a Contact Person

• FEE CALCULATION •

Fee: \$50.00 Per Quarter, plus \$1.00 State Fee
1 Quarter = 3 Months

**PLEASE CALCULATE AMOUNT DUE. ENTER
NUMBER OF QUARTERS AND FEE IN BOXES
BELOW AND SIGN.**

NUMBER OF
QUARTERS _____

State Fee \$4.00

FEE DUE \$ _____

• OFFICE USE ONLY •

Date Paid: _____

Amount Paid: _____

Receipt No: _____

License Issued: _____

License Expires: _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT.

Date: _____ Signature of Owner or Representative: _____

RETURN ENTIRE APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SOUTH EL MONTE

