CITY OF REEDLEY
BUSINESS LICENSE APPLICATION FOR CONTRACTORS
1733 9th STREET
REEDLEY, CA 93654
(559)637-4200, EXT 225

DATE:_____

BUSINESS NAME:_____

BUSINESS LOCATION:_____

Street Address City State Zip Code

MAILING ADDRESS:_____

Street Address City State Zip Code

CONTACT PERSON:_____

BUSINESS PHONE:__(____)_____EMERGENCY PHONE:__(___)_____

BUSINESS TYPE & DESCRIPTION:_____

OWNER'S NAME:_____

Last Name First Name Middle Initial Date of Birth Driver's License Number

OWNER'S ADDRESS:_____

Street Address City State Zip Code

OWNER'S SOCIAL SECURITY NUMBER OR CORPORATION NUMBER:_____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:_____

STATE EMPLOYER'S IDENTIFICATION NUMBER:_____

STATE BOARD OF EQUALIZATION LICENSE-RESALE PERMIT:_____

STATE CONTRACTOR'S CLASSIFICATION CODE:_____

STATE CONTRACTOR'S LICENSE NUMBER_____EXPIRATION_____

WORKER'S COMP CARRIER:_____

WORKER'S COMP POLICY NUMBER:_____EXPIRATION_____

OWNER TYPE: (Circle One) SOLE OWNERSHIP PARTNERSHIP CORPORATION OTHER_____

***PARTNERSHIPS & CORPORATIONS: PLEASE ATTACH A LIST OF PARTNERS OR CORPORATE OFFICERS**

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO MY KNOWLEDGE

SIGNATURE:_____

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Business License # _____Amount Billed_____Category_____SIC Code_____

BUILDING OFFICIAL VERIFICATION OF CONTRACTOR'S LICENSE_____DATE_____