



CITY OF COMMERCE

2535 Commerce Way, Commerce, CA 90040
(323) 722-4805 • Fax (323) 887-4441 • Attn: Bus. License Coordinator

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS

Contractor Business License Application

| | |
|---|---|
| <p>Business Name _____</p> <p>Business Address _____ <small>(Cannot be P.O. Box for non-exempt businesses per State of California, Business & Professions Code-Section 17538.5)</small></p> <p>Mailing Address _____</p> <p>Business Phone () _____ Business Fax () _____</p> <p>Description of Business _____ Start Date _____</p> <p>Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust</p> <p>State License No. _____ License Type _____ Expiration Date _____</p> <p>Resale No. _____ FED I.D. No. _____ STATE I.D. No. _____</p> | <p>OFFICIAL USE ONLY</p> <p>BUS. LICENSE NO. _____</p> <p>EXPIRATION DATE _____</p> <p>TOTAL FEES \$ _____</p> <p>DATE PAID _____</p> <p>CHECK NO. _____ <input type="checkbox"/> CASH</p> <p>SIC CODE _____</p> <p>RATE TYPE _____</p> <p>BUSINESS TYPE _____</p> |
|---|---|

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

| | | |
|---------------------------|---------------------------|--------------------|
| Owner Name _____ | Title _____ | Phone () _____ |
| Home Address _____ | Cell Phone () _____ | E-Mail Addr. _____ |
| Social Security No. _____ | Drivers License No. _____ | |

| | | |
|---------------------------|---------------------------|--------------------|
| Owner Name _____ | Title _____ | Phone () _____ |
| Home Address _____ | Cell Phone () _____ | E-Mail Addr. _____ |
| Social Security No. _____ | Drivers License No. _____ | |

In case of emergency, please contact:

| | | |
|---------------|----------------------|-----------------|
| Name _____ | Title _____ | Phone () _____ |
| Address _____ | Cell Phone () _____ | |

Please Check One:

- 3 Months \$100.00
- 6 Months \$200.00
- 9 Months \$300.00
- 1 Year \$400.00

Thank you for doing business with the City of Commerce!

Important Information

- Construction Permits are issued only between 8:00 am & 12:00 noon
- Bring at least 2 checks. Business license must be paid with a separate check.
- We do not accept credit cards.

APPLICANT MUST WITHIN TEN DAYS THEREAFTER NOTIFY THIS OFFICE IN WRITING ON ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION. The information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the license applied for, I agree: to submit any additional information that may be required; to conduct all phase of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Date: _____ Signature of Owner or Representative: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF COMMERCE



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Business License Fee Computation Summary

NOTICE: THE MISREPRESENTATION OF A MATERIAL FACT BY AN APPLICATION IN OBTAINING A LICENSE IS GROUNDS FOR REVOCATION OF A BUSINESS LICENSE C.M.C. 5.04.280(3).

Ordance Number 470 of the City of Commerce passed and adopted November 17, 1992 amended the Municipal Code with respect to Business License Rates.

PAYMENT INFORMATION

Please make remittance payable to: **City of Commerce** and return this form along with the Business License Application form and mail to:

City of Commerce
2535 Commerce Way
Commerce, CA 90040
Attn: Business License Division

FEES - OUT OF CITY

- Contractors/Sub contractors \$100.00 for 3 months
- Contractors/Sub contractors \$400.00 per year