



## CONTRACTOR BUSINESS LICENSE APPLICATION

City of Seal Beach • 211 8<sup>th</sup> Street Seal Beach, CA 90740 • Phone (562) 431-2527

Fee **\$220**

Date Issued \_\_\_\_\_ City License Expiration Date \_\_\_\_\_ City License No. \_\_\_\_\_

*For Official Use Only*

Company Name (DBA) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contractor Contact Information

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Contractor's License Information

Contractor's License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

License Type  Corporation  Partnership  Individual

License Class (i.e. C-39) \_\_\_\_\_

### Principal Owner, Officer, Partners

Principal Name \_\_\_\_\_

### Worker's Compensation Insurance Information

Insurance Type  Self-Insured  Work Comp.  No Employees

Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

I declare under the penalty of perjury that this application has been examined by me and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Print or Type Name in full \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_