



CONTRACTOR BUSINESS LICENSE APPLICATION

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

Fee \$223

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 _____

Print Form