



BUSINESS LICENSE – Contractors / Subcontractors

13220 Central Ave., Chino, CA 91710 909-334-3263 / Fax 909-334-3727

Mailing Address: P.O. Box 667, Chino, CA 91708-0667

BUSINESS INFORMATION

Company Name

Date

Business Address

Mailing Address (if different)

Phone

Fax

Contractor's License #

Class

Expiration Date

OWNER INFORMATION (Complete names and addresses of two officers, owners or partners)

Type of ownership (circle one): SOLE OWNER PARTNERSHIP CORPORATION

Name

Title

Name

Title

CDL#

Soc. Sec.#

CDL#

Soc. Sec.#

Address

Address

City/State/Zip

City/State/Zip

Phone #

Fax

Phone #

Fax

CORPORATE INFORMATION (Please complete this section if this is a corporation, or if the corporate office is located elsewhere.)

Name

Fed ID#

State ID#

Address

City/State/Zip

Phone#

Fax#

Signature of Applicant

Date

PLEASE RETURN THIS FORM AND \$54.00 FEE TO:

City of Chino Business License, P.O. Box 667, Chino, CA 91708-0667

OFFICE USE ONLY:

License #		Business Type	
Fee paid:	Check / Cash / CC	SIC Code	
Date paid:		HOP Required?	