

**CITY OF  
CHINO**

**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 \_\_\_\_\_

**OFFICE USE ONLY:**

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

**BUSINESS LICENSE FEE: \$51.00**  
**PLEASE RETURN THIS FORM TO:**  
City of Chino Business License  
P.O. Box 667  
Chino, CA 91708-0667