

CONTRACTORS / SUBCONTRACTORS APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX: (909) 334-3727
MAILING ADDRESS: P.O. BOX 667 CHINO, CA 91708-0667

BUSINESS INFORMATION

Company Name:	Business Phone:	
Address:	Fax No.:	
Mailing Address (if different than above):		
Email Address:	Date:	
Contractor's License #:	Class:	Expiration Date:

OWNER INFORMATION (COMPLETE NAMES AND ADDRESSES OF TWO OFFICERS, OWNERS, OR PARTNERS.)

Type of ownership (select one):	SOLE OWNER	PARTNERSHIP	CORPORATION	LLC
Name:	Title:	Name:	Title:	
CDL#:	Social Security #:	CDL#:	Social Security #:	
Address:	Address:			
City, State + Zip:	City, State + Zip:			
Phone:	Fax No.:	Phone:	Fax No.:	

CORPORATE INFORMATION (COMPLETE 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 No.:	

Signature of Applicant:	Date:
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PLEASE RETURN THIS FORM AND \$54 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?