



City of Orange Cove

Incorporated January 20, 1948

633 Sixth Street

Orange Cove, California 93646

559-626-4488

BUSINESS LICENSE APPLICATION FOR CONTRACTORS ONLY

Date: _____

Business Name: _____

Business Location: _____

Street Address City State Zip Code

Mailing Address: _____

Street Address City State Zip Code

Contact Person: _____ Business Phone: _____

Owner's Name: _____

Owner's Address: _____ Contact #: _____

Owner's Social Security #: _____ or Federal Employer ID/corporation #: _____

State Employer's I.D.#: _____ State Board of Equalization License Re-sale Permit: _____

Business Type & Description: _____

Ownership Type: (Check one) Sole Ownership Partnership Corporation

State Contractor's License No. _____ Expiration: _____

verification from website copy attached

State Contractor's License Code: _____

Worker's Comp Carrier: _____ Policy #: _____ Expiration: _____

verification from website copy attached

I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to be in compliance with the requirements of governmental agencies affecting operation of this business. I understand that the Building Department must be contacted prior to beginning of any work. I understand that the intentional misstatement of the facts on this application, for the purpose of affection the issuance of the permit, may result in the revocation of this license. I further understand that the information given on this application will be confidential for the exclusive use of the City of Orange Cove and the California State Board of Equalization.

Signature: _____ Date: _____

CITY USE ONLY:

Business License #: _____ Category Classification: _____ Application Fee Paid: _____

Receipt#: _____ (attach copy of) Will need to bill: YES OR NO Date License Mailed: _____

Application taken by: _____ Date: _____

Approved by: _____ Date: _____