

PLEASE ALLOW 7-10 BUSINESS DAYS
FOR APPLICATION PROCESSING

City of Sanger
1700 7th Street
Sanger, CA 93657
(559) 876-6300 Ext. 1100

CONTRACTOR/SUB-CONTRACTORS BUSINESS LICENSE APPLICATION

*Projected Start Date: _____ State Contractor's License# _____

*Business Name: _____ DBA: _____

If Doing Business under Different Name

*Phone: () _____ Fax: () _____ Cell: () _____ E-Mail: _____

*Job Site Location Address: _____

*Business Location Address: _____

(Street Address, Including City & Zip Code) NO P.O. BOXES

*Business Mailing Address: _____

*Owner Name: _____ *Phone: _____

*Owner Personal Address: _____

(Street Address, Including City & Zip Code) NO P.O. BOXES

*Type of Ownership: Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

PARTNER(S) OR CORPORATION OFFICERS (TWO REQUIRED)

Name: _____ Title: _____ Phone: () _____

Name: _____ Title: _____ Phone: () _____

*Description of Classification: _____

DO NOT USE CONTRACTOR CODES

**One of the following two numbers is REQUIRED: FEDERAL ID# _____ SOC. SEC# _____

Nine digit number

Nine digit number

If you are selling goods or service subject to California State Tax provide your STATE SALES TAX# _____

4-5 alpha/eight numerical digits

*Accounting Records Based on: Calendar Year _____ Fiscal Year _____

Every license to whom a business license tax certificate has been issued to conduct business within the city by use of a vehicle shall affix to the rear bumper of each vehicle (including trailer) to be used with the city a pre-numbered decal sticker issued by the City for identifying such business.

(First decal issued at no charge, each additional decal \$3.00.) (Contractors, Gardeners, Deliveries, Mobile Carts, etc.)

License Plate Number: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

NO DECAL NEEDED

Business License Tax – One Year \$125.00 or One Job \$25.00

IF APPLYING FOR A

Business License Tax \$ _____

ONE JOB LICENSE

SB 11-86 \$ **4.00** _____

Decal Fee(s) \$ _____

Total Fees \$ _____ CASH _____ CHECK# _____ CC _____

I hereby certify that all information supplied by me is correct. I understand that a business license does not entitle me to carry on any business unless I have complied with all applicable laws, including the **ZONING ORDINANCE OF THE CITY OF SANGER**

*Signature _____ Title _____ Date _____

In Reporting your sales to the Board of Equalization please use the City of Sanger Tax Code #10008.