



City of Temple City
Community Development Department

BUSINESS LICENSE APPLICATION – CONTRACTOR’S

BUSINESS INFORMATION

Business Name: _____

Corporation Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ E-mail: _____

Business Description: _____

Type of Ownership: Sole proprietor Partnership
 LLC Corporation

State License # _____ Expiration: _____

OWNER INFORMATION (ATTACH LIST FOR ADDITIONAL OWNERS)

Name: _____ Title: _____

Address: _____

California Drivers License: _____

Phone Number: _____ Email: _____

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the certificate applied for, I must agree to submit any additional information that may be required; conduct all phases of this business in accordance with regulations established for such business and to maintain all personnel, vehicles, and/or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

FOR OFFICE USE ONLY

Business License: \$ _____ Amount Received: \$ _____

CAsp Fee: \$ _____ Date: _____

Total: \$ _____ Payment Type _____