



# 650 CANYON DEL REY ROAD DEL REY OAKS, CA 93940 (831)394-8511

## APPLICATION FOR LICENSE TO DO BUSINESS NEW RENEWAL

THIS BUSINESS LICENSE IS FOR REVENUE PURPOSE ONLY. IT MUST BE RENEWED ANNUALLY AND THE CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE. LICENSES ARE NOT TRANSFERABLE DUE TO ANY CHANGES IN OWNERSHIP.

\_\_\_\_\_  
BUSINESS NAME AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
BUSINESS LOCATION STREET & NUMBER (no p.o. box) STE/APT.# CITY STATE ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (If different)

IS APPLICATION FOR A  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

\_\_\_\_\_  
NAME (title) ADDRESS AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
NAME (title) ADDRESS AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
GIVE FULL DESCRIPTION OF BUSINESS ACTIVITY

\_\_\_\_\_  
APPLICATION DATE BUSINESS START DATE CA CONTRACTOR LICENSE # TYPE OF STATE LICENSE EXPIRATION DATE  
(in Del Rey Oaks)

\_\_\_\_\_  
RESALE PERMIT FED I.D. # OR STATE I.D. # SOCIAL SECURITY #

I HEREBY AFFIRM THAT I HAVE A CERTIFICATE OF CONSENT TO SELF INSURE, OR A CERTIFICATE OF WORKERS' COMPENSATION INSURANCE AND A CERTIFIED COPY THEREOF IS FURNISHED TO THE CITY OF DEL REY OAKS (EXPIRES \_\_\_\_\_), OR

I CERTIFY THAT IN THE PERFORMANCE OF WORK FOR WHICH THIS LICENSE IS ISSUED I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION LAWS OF CALIFORNIA.

NOTE: IF AFTER SIGNING THE CERTIFICATE, YOU HIRE ANY EMPLOYEE, YOU BECOME SUBJECT TO THE WORKERS' COMPENSATION PROVISIONS OF THE CALIFORNIA LABOR CODE, AND YOU MUST IMMEDIATELY COMPLY WITH THE PROVISIONS OF SECTION 3700 OR YOUR LICENSE IMMEDIATELY BECOMES REVOKED.

CIRCLE ONE

IS THIS A CHANGE OF OWNER YES NO PREVIOUS OWNER'S NAME \_\_\_\_\_

IS THIS A NAME CHANGE IN BUSINESS OR CORPORATION? YES NO PREVIOUS NAME \_\_\_\_\_

IS THIS AN ADDRESS CHANGE? YES NO PREVIOUS ADDRESS \_\_\_\_\_

**AFFIDAVIT** I CERTIFY UNDER PENALTIES OF PERJURY THAT THE CONTENTS HEREOF ARE TRUE AND CORRECT:

\_\_\_\_\_  
SIGNATURE TITLE DATE

\_\_\_\_\_  
PRINT NAME HERE \$ ESTIMATE OF GROSS ANNUAL RECEIPTS

FOR OFFICE USE ONLY

\_\_\_\_\_  
SIGNATURE OF ISSUING AGENT BUSINESS LICENSE NUMBER AMOUNT RECEIVED DATE LICENSE EXPIRATION DATE