

- RENEWAL
- NEW APPLICATION
- ANNUAL
- SEMI-ANNUAL
- QUARTERLY

# CITY OF CORNING

1108 Solano Street • Corning, CA 96021  
(530) 824-7028



APPLICATION FOR BUSINESS LICENSE  
CONTRACTORS, SUBCONTRACTORS, LAND DEVELOPERS AND BUILDERS

IF YOU ARE LOCATED IN OR WORK IN CORNING YOU MUST OBTAIN A BUSINESS LICENSE

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ DATE BUSINESS STARTED IN CORNING \_\_\_\_\_ DATE JOB STARTED IN CORNING \_\_\_\_\_

( ) CONTRACTOR TYPE: A    B    C \_\_\_\_ (CIRCLE ONE)    ( ) DEVELOPER    ( ) OWNER-BUILDER

OWNER'S NAME \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

OWNERSHIP TYPE AND ID NUMBER (At least one I.D. # must be provided.)

|  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietor ( )<br>Social Security I.D. # _____ | <input type="checkbox"/> Partnership ( ) <input type="checkbox"/> Corporation ( ) |
|--|---|

Board of Equalization No. \_\_\_\_\_  
State Contractors No. \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

**MAILING INFORMATION:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, ZIP \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

FINAL INSPECTION WILL BE WITHHELD UNTIL ALL SUBCONTRACTORS  
ARE LICENSED. LIST THEM ON REVERSE SIDE.

Refer to Contractors Tax Rate Schedule on reverse.  
Enter amount of tax here.  
WE DO NOT INVOICE; PLEASE ENCLOSE PAYMENT.

\$ \_\_\_\_\_  
AMOUNT OF TAX ENCLOSED  
MAIL TO ADDRESS ABOVE.

**SEE INFORMATION ABOUT DUE DATE AND PENALTIES ON THE REVERSE SIDE.**

I hereby declare, under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

Dated \_\_\_\_\_ Signed \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

|                   |                            |                            |
|-------------------|----------------------------|----------------------------|
| Date Paid _____   | Category Code _____        | Date Home Occupation _____ |
| Amount Paid _____ |                            | Permit Approved: _____     |
| Receipt No. _____ |                            |                            |
| License No. _____ |                            |                            |
| By _____          | <b>FOR OFFICE USE ONLY</b> | Approved By: _____         |

## CONTRACTOR BUSINESS LICENSE FEES

|  |                        |
|--|------------------------|
| <b>Owner/Operator &amp; 1 Employee</b> | <b>\$25.00 / year</b>  |
| <b>2-5 Employees</b>                   | <b>\$40.00 / year</b>  |
| <b>6-25 Employees</b>                  | <b>\$60.00 / year</b>  |
| <b>26-100 Employees</b>                | <b>\$100.00 / year</b> |
| <b>Over 100 Employees</b>              | <b>\$150.00 / year</b> |

\*\*\*\*Licenses may be purchased on a quarterly basis.