

CONTRACTORS / SUBCONTRACTORS APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX: (909) 334-3727
MAILING ADDRESS: P.O. BOX 667 CHINO, CA 91708-0667

BUSINESS INFORMATION

Company Name:		Business Phone:	
Address:		Fax No.	
Mailing Address (if different than above):			
Email Address:		Date:	
Contractor's License #:		Class:	
		Expiration Date:	

OWNER INFORMATION (COMPLETE NAMES AND ADDRESSES OF TWO OFFICERS, OWNERS, OR PARTNERS.)

Type of ownership (select one): ☐ SOLE OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

Name:		Title:		Name:		Title:	
CDL#:		Social Security #:		CDL#:		Social Security #:	
Address:				Address:			
City, State + Zip:				City, State + Zip:			
Phone:		Fax No.		Phone:		Fax No.	

CORPORATE INFORMATION (COMPLETE SECTION IF THIS IS A CORPORATION, OR IF THE CORPORATE OFFICE IS LOCATED ELSEWHERE.)

Name:		Fed ID#:		State ID#:	
Address:			City, State + Zip:		
Phone:		Fax No.			

Signature of Applicant:

Date:

PLEASE RETURN THIS FORM AND \$54 FEE TO:

City of Chino Business License, P.O. Box 667, Chino, CA 91708-0667

OFFICE USE ONLY:

License #:		Business Type:	
Fee paid:	Check/Cash/CC	SIC Code:	
Date Paid:		HOP Required?	