

THE CITY OF SELMA

1710 TUCKER STREET SELMA, CA. 93662 PHONE: 559-891-2205 FAX: 559-896-5223

CONTRACTOR BUSINESS LICENSE APPLICATION

Please complete the following information

BUSINESS NAME:		
BUSINESS PHONE:		FAX:
EMAIL:		
BUSINESS OWNER:		
		FAX:
SOLE PROPRIETORSHIP:	PARTNERSHIP:_	CORPORATION:
	CONTRACTOR'S INF	ORMATION
CONTRACTOR'S LICENSE NUM	1BER:	
		:
DESCRIPTION:		
WORKER'S COMP:		
	BUSINESS LICENSE F STATE MANDATED FE ADMINISTRATIVE FEE TOTAL FEES	EE 4.00 E 35.00
_	dings open to the public. You ma following agencies: rw.dgs.ca.gov/dsa/Home.aspx v.rehab.cahwnet.gov	erious and significant responsibility that applies to all Califo ay obtain information about your legal obligations and how
SIGNATURE OF BUSINESS OW	NER:	
	:==========	=======================================
	OFFICE USE ONLY	(
DATE APPLICATION REC'D	B\	Y:
CHECK	CASH (CREDIT CARD