CITY OF MONTCLAIR
BUSINESS LICENSE DIVISION
5111 Benito St., P O Box 2308, Montclair, CA 91763
Phone (909) 626-8571 Ext. 423 or (909) 625-9423

OUT-OF-TOWN CONTRACTOR APPLICATION

1. Name of Business _____

2. Business Location _____
City & State Zip

3. Mailing Address _____
City & State Zip

4. Current/Proposed Job (in city) _____

5. Business Telephone (____) _____ On-Site Telephone(____) _____

6. Business Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

7. 1st owner's name _____ Title _____ Phone _____

Address _____
City & State Zip

2nd owner's name _____ Title _____ Phone _____

Address _____
City & State Zip

8. Describe in detail the type of business _____

9. Contractor's Lic.: Class _____ Number _____ Federal I.D.# _____
(Copy Required)

10. First date on job _____ Social Security # _____

I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF FACTS.

SIGNATURE _____ CDL _____ DATE _____

FEE:

1. Base License Fee $20.00 per quarter ($80.00 maximum)....$_____
2. Estimated Gross Receipts in City of Montclair.....$_____ round to nearest $100
3. .00040 X amount on line 2 (40 cents per $1000).....$_____
4. Administrative Fee.....$_____ 5.00____
5. CA law SB1186.....$_____ 1.00_____
6. Sum of lines 1, 3, 4 & 5 equals total fee due.....$_____

~ Office Use only ~

Business License No. _____ Number of Qtrs. _____ Total Fee _____

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