



# CITY OF MILLBRAE

621 Magnolia Avenue, Millbrae, California 94030  
Attn: Bus. License Dept. • (650) 259-2352 • Fax (650) 697-8459

## BUSINESS LICENSE APPLICATION CONTRACTORS

This business license application must be approved before a business license can be issued. No business activity can be conducted until a business license has been issued. Incomplete applications will not be processed and returned to the applicant. The Business License year begins July 1st and ends June 30th of the following year. It is the responsibility of the applicant to maintain an active license by renewing the license each year.

**PLEASE TYPE OR PRINT CLEARLY**

TYPE OF CONTRACTOR       General       Specialty \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Phone (    ) \_\_\_\_\_

Business Location \_\_\_\_\_ Bus. Fax (    ) \_\_\_\_\_

(Not P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

State Lic. No. \_\_\_\_\_ Resale No. \_\_\_\_\_

License Type \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ State I.D. No. \_\_\_\_\_

List of Hazardous Materials Used: \_\_\_\_\_

**ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS**

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

**Please sign and return this form  
along with your check made payable  
to City of Millbrae.**

*I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued.*

Signature of Owner or Authorized Representative:

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Contractor Tax Rates

General \$160.00

Specialty and Subcontractors \$ 80.00

|                  |           |
|------------------|-----------|
| Tax Rate         |           |
| Application Fee  | \$ 32.00  |
| Penalty Fee      | \$        |
| State CASp Fee   | \$ 4.00   |
| <b>TOTAL DUE</b> | <b>\$</b> |

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

*Thank you for doing business in the City of Millbrae!*