

**TO: CONTRACTORS, SUB-CONTRACTORS, AND MATERIAL SUPPLIERS**

**RE: REEDLEY BUSINESS LICENSE**

Reedley City Code (Section 4-2-1) requires that a business license be obtained by all Contractors, Sub-Contractors, and Material Suppliers working within the City.

Sections 3700 and 3800 of the California Labor Code requires that a Certificate of Workmen's Compensation be on file with the Building Department.

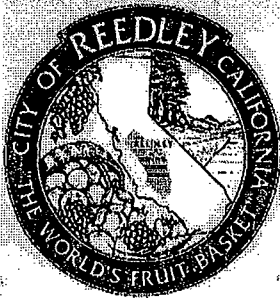
Please return the completed application along with the appropriate license fee. The City Business License is based on the fiscal year and the fee is paid according to the quarter that you begin working in the City limits.

**If you began work in the City limits during :**

<b><u>July thru September - \$200</u></b>	<b>(\$100 Application fee + \$25 Administration Fee + \$75 Business License Tax Fee)</b>
<b><u>October thru December - \$181.25</u></b>	<b>(\$100 Application fee + \$25 Administration Fee + \$56.25 Business License Tax Fee)</b>
<b><u>January thru March - \$162.50</u></b>	<b>(\$100 Application fee + \$25 Administration Fee + \$37.50 Business License Tax Fee)</b>
<b><u>April thru June - \$143.75</u></b>	<b>(\$100 Application fee + \$25 Administration Fee + \$18.75 Business License Tax Fee)</b>

Thank-you for your cooperation in this matter.

Gary Higginbotham  
Interim Building Official



**CITY OF REEDLEY**  
**Business License Application for Contractors**  
 1733 9<sup>th</sup> Street  
 Reedley, CA 93654  
 (559) 637-4200, ext. 225

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

CONTACT PERSON: \_\_\_\_\_  
Street Address City State Zip Code

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE: (\_\_\_\_) \_\_\_\_\_

BUSINESS TYPE & DESCRIPTION: \_\_\_\_\_

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

OWNER'S ADDRESS: \_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth Driver's License Number  
Street Address City State Zip Code

OWNER'S SOCIAL SECURITY NUMBER OR CORPORATION NUMBER: \_\_\_\_\_

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: \_\_\_\_\_

STATE EMPLOYER'S IDENTIFICATION NUMBER: \_\_\_\_\_

STATE BOARD OF EQUALIZATION LICENSE - RESALE PERMIT: \_\_\_\_\_

\*STATE CONTRACTOR'S CLASSIFICATION CODE(S): \_\_\_\_\_  
Alpha Numeric

\*STATE CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

\*WORKER'S COMP POLICY NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

\*WORKER'S COMP CARRIER: \_\_\_\_\_

OWNER TYPE: (CIRCLE ONE)  SOLE OWNERSHIP  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_

**PARTNERSHIPS & CORPORATIONS: PLEASE ATTACH A LIST OF PARTNERS OR CORPORATE OFFICERS**

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO MY KNOWLEDGE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Business License # \_\_\_\_\_ Amount Billed \_\_\_\_\_ Category \_\_\_\_\_ SIC Code \_\_\_\_\_

BUILDING OFFICIAL APPROVAL FOR CONTRACTORS ONLY \_\_\_\_\_ DATE \_\_\_\_\_