



CITY OF ST. HELENA
1480 MAIN STREET
ST. HELENA, CA 94574
(707) 967-2792 (707) 963-7748 FAX

**CONTRACTOR
BUSINESS LICENSE APPLICATION**

BUSINESS NAME (DBA) _____

BUSINESS LOCATION _____

BUSINESS MAILING ADDRESS _____

TELEPHONE () _____ ALTERNATE () _____

BUSINESS INFORMATION:

STATE CONTRACTOR'S LICENSE NO. _____ DESCRIPTION _____

LICENSE CLASSIFICATION(S) _____

LICENSE EXPIRATION DATE _____ NUMBER OF EMPLOYEES (WORKING IN ST. HELENA) _____

WORKER'S COMP. POLICY NO _____ EXPIRATION DATE _____

INSURER _____

IF YOU HAVE EMPLOYEES AUTHORIZED TO SIGN FOR BUILDING PERMITS, A LETTER OF AUTHORIZATION MUST BE FILED WITH THIS BUSINESS LICENSE APPLICATION.

OWNERSHIP TYPE Corp. [] Partnership [] Sole Proprietor [] SS/FED ID NO. _____

OWNER/PRESIDENT LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____

TELEPHONE () _____ ALTERNATE: () _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

PRINT NAME _____

CITY USE ONLY

CATEGORY _____

ID NO. _____

SIC CODE _____

LICENSE NO. _____