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.....$_____ 5.00____
5. CA law SB1186.....$_____4.00_____
6. Sum of lines 1, 3, 4 & 5 equals total fee due.....$_____

~ Office Use only ~

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