			(650) 947 - 2760	)	Business Name			
			www.losaltosca.	.gov Applic	Application Date		License Number (if renewal)	
<b>Business Infor</b>	mation (bolded fiel	ds are required	l)					
Business Address				Mailing Address				
City		State	Zip	City		State	Zip	
Business Phone Number Business Fax				Alternate Phone Number Alternate Fax				
Name of Owner / Officer				Title	Phone: Email: Phone:			
Alternate Contact				Title	Email:			
Nature of Busine	ess / Business Desc	ription		Corporation	Sole Proprietor			
Resale Number		Contra	actor's License N	lumber	Tax ID / FEI	N		
Tax Calculatio	<b>n</b> (choose the categ	ory that applies	s to your busines	s; refer to LAMC	4.04 for an expla	anation of ca	tegories)	
			Base Tax	Р	lease Note		Total Tax	
General G	Contractor*	One Year Six Months*	\$150.00 \$75.00	other class, you r Contractor ar	or B license regar must be licensed as nd must apply at th e will be issued per			
Sub-Cont		One Year Six Months*	\$75.00 * \$37.50	available to con	onth license option ntractors not locate City of Los Altos.			
	Iunicipal Code 4.04. mum is set on the ta				exceed \$3,200.	*SB-1186: Total Tax:	\$ 1.00	
I certify that th	e information rep	orted on this	form is correct.					
Signature			Title			Date		
	9, 2012 Governor Brow renewal thereof. You may						e or similar instrument or ollowing agencies:	
	www.dgs.ca.ge	<u>ov/dsa</u>	<u>www.rehab.co</u>	ahwnet.gov	<u>www.ccda</u>	<u>ı.ca.qov</u>		
Cash	Check		<b>Finance</b> Credit Ca	•	Receipt N	Number		