Effective 01-01-13

CITY OF WEST COVINA

1444 W. Garvey Ave. • West Covina, CA 91793
Attn: Bus. License Dept. • (626) 939-8447 • Fax (626) 939-8664
www.westcovina.org

CONTRACTORS BUSINESS LICENSE APPLICATION

Please Check All That Apply

- NEW APPLICATION ☐
- HOME OCCUPATION ☐
- CHANGE OF OWNER ☐
- CHANGE OF ADDRESS ☐
- CHANGE OF BUSINESS ☐

• OFFICIAL USE ONLY •

LICENSE NO. _____
EXPIRATION _____
DATE PAID _____
CHECK NO. _____ ☐CASH
CREDIT CARD _____
BATCH NO. _____

Business Name _____

Business Location _____
(Not P. O. Box)

_____
City *State* *Zip*

Bus. Phone ( ) _____ **Bus. Fax ( )** _____

Mailing Address _____
(If Different)

_____
City *State* *Zip*

E-Mail Address: _____ **Website:** _____

Start Date in West Covina: | **Description of Business:**

Type of Ownership (Check one): ☐ Corp. ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Trust ☐ LLP

If Corporation, Name: _____

Contractor No. _____ **Type** _____ **Expiration Date** _____ **Verified By** _____

Resale No. _____ **Federal I. D. No.** _____ **State I. D. No.** _____

Enter below names of Owners, Partners, Corporate Officers or Principals - Use additional sheets as necessary. Please note, the first two names listed will appear on the business license certificate. FIEN number can be used in place of social security number, however, a state issued identification number is REQUIRED.

Owner Name _____ **Title** _____ **Phone ( )** _____

Home Address _____ **Cell Phone ( )** _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____

Owner Name _____ **Title** _____

Home Address _____

City _____ **State** _____ **Zip** _____ **Phone ( )** _____

Social Security No. _____ **Driver's License No.** _____ **Cell Phone (** _____

Please note: The law requires that you obtain a business license within 15 days of the commencement of business in the city, and that penalties of 10% per month be assessed thereafter. Add penalty payment to total amount due if this applies to your business.

Section 14-43.: Penalties for Failure to Secure a License. (a) The penalty for the failure to secure a license as required by this article shall be as follows: Whenever the fee required by this article is not paid on or before the date due or within thirty (30) days thereafter, a penalty of ten (10) percent of the amount due shall be imposed, and an additional penalty of ten (10) percent of the original fee shall be added at the close of business of the last day of each calendar month thereafter. Each penalty shall become part of the license fee required by this article. However, in no case shall the total penalty exceed one hundred (100) percent of the original fee. (b) In the case of a newly established business at a fixed place for which a license is prescribed, no penalty shall be imposed if the fee shall be paid within fifteen (15) days after the commencement of operation. Otherwise penalty shall be imposed as in the case of any other business.
(Code 1960, § 6214)

CONTRACTORS (CI)

Contractors who perform work in the city shall pay an **annual license fee of $17.00 per year**. *The business licenses runs from July to June every year.* Such fee shall not be prorated. In addition, all contractors shall pay as a part of the business license, a job fee, which fee shall be a sum equal to the building permit fee or other contracting permit fee. The job fee shall be due and payable at the time of issuance of the permit and shall be paid at the same time the permit fee is paid.

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 Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.ccda.ca.gov

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____ **Title:** _____

PLEASE RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF WEST COVINA

CONTRACTORS (CII)

Contractors who perform work in the city and who are not required to obtain permits for improvements on private property shall pay an **annual license fee of $99.75 per year**. Such fee shall not be prorated.

Annual License Fee with Permits:	$
Annual License Fee without Permits:	$
State Mandated Fee per SB1186	$ 1.00
Processing Fee:	$ 42.00
TOTAL AMOUNT DUE:	$

Thank you for doing business in the City of West Covina

(Revised 10-22-12