



CITY BUSINESS LICENSE FAX WORKSHEET & CREDIT CARD AUTHORIZATION

(CALIFORNIA STATE LICENSED CONTRACTORS ONLY)

ALL applicable spaces on this 2 page worksheet must be filled out completely or it can not be accepted for processing. Please print legibly in ink or type in the application.

<input type="checkbox"/> Renewal	<input type="checkbox"/> First Time in Glendale	DATE: _____
STATE LICENSE NUMBER: _____		
Please provide a copy of State Contractor's License Pocket Card.		
FULL BUSINESS NAME (as shown on contractor's card): _____		
BUSINESS MAILING ADDRESS: _____	City _____	State _____ ZIP code _____
BUSINESS PHONE NUMBER ()	4. BUSINESS FAX NUMBER ()	
E-Mail address _____		

CLASSIFICATIONS

If you have several classifications, please check the Classification you need at this time)

TYPE	DESCRIPTION	EXPIRATION DATE:
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

CITY BUSINESS LICENSE FEES:

See page no. 2 of this worksheet for fees

CARD ACCEPTED



CREDIT CARD DETAILS:

Name as it appears on the Credit Card: _____			
Street Address _____	City _____	State _____	Zip code _____
Payee's Address Information: _____			
Credit Card Number: _____			
Expiration Date: _____			

The undersigned gives the City of Glendale Building & Safety Division permission to accept a facsimile of my signature on faxed license application in lieu of my "in person" signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the faxed license application that bears my signature.

CONTRACTOR'S SIGNATURE:

Print: _____ Sign: _____ Date: _____

WORKER'S COMPENSATIONS DECLARATIONS:

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, my workers' compensation
INITIAL insurance carrier and policy number are:

Carrier _____ Policy No. _____ Exp. Date _____

Name of Agent _____ Tel. No. _____

Please provide a copy of your worker's compensation certificate

I certify that, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree
INITIAL that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

FINAL DECLARATION:

I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and State laws relating to building construction.

Print: _____ Sign: _____ Date: _____

As of January 1 st	Contractor Type	License Fee	Applicable Surcharge*	Total Due
	A - General Engineering	\$300.00	\$56.14	\$356.14
	B - General Contractor	\$200.00	\$37.76	\$237.76
	C - Specialty Contractor	\$100.00	\$19.38	\$119.38
As of April 1 st	A - General Engineering	\$225.00	\$42.36	\$267.36
	B - General Contractor	\$150.00	\$28.57	\$178.57
	C - Specialty Contractor	\$75.00	\$14.79	\$89.79
As of July 1 st	A - General Engineering	\$150.00	\$28.57	\$178.57
	B - General Contractor	\$100.00	\$19.38	\$119.38
	C - Specialty Contractor	\$50.00	\$10.19	\$60.19
As of October 1 st	A - General Engineering	\$75.00	\$14.79	\$89.79
	B - General Contractor	\$50.00	\$10.19	\$60.19
	C - Specialty Contractor	\$25.00	\$5.60	\$30.60

***Note: DSA And Building Technology Surcharges have been combined on this fee.**