



CITY OF BREA

BUSINESS LICENSE TAX APPLICATION OUT-OF-CITY CONTRACTORS



Please submit completed application with payment
(see fee schedule below) and copy of
current contractor's license (**pocket card**) to:
City of Brea, Business License Division,
1 Civic Center Cir., Brea, CA 92821
(714) 990-7686 office Fax (714) 671-4484
BusinessLicenseInfo@CityOfBrea.net

| | | | |
|--|--|---|------------------|
| 1. BUSINESS NAME (use exact name as contractor's license) | | START DATE (Brea) | |
| 2. BUSINESS ADDRESS (physical address) | | BUSINESS TELEPHONE NO. | BUSINESS FAX NO. |
| 3. MAILING NAME AND ADDRESS (if different from business address) Include corp. name if applicable | | NO. OF EMPLOYEES (Brea) | |
| | | LOCAL CONTACT NAME, TITLE, RESIDENCE PHONE NO. | |
| 4. TYPE OF BUSINESS: State fully the exact nature of business. | | | |
| 5. FEDERAL EMPLOYER ID NO. | | STATE EMPLOYER ID NO. (EDD #) | |
| 6. CALIFORNIA STATE CONTRACTOR'S LICENSE NO. & CLASSIFICATION | CALIFORNIA SELLER'S PERMIT NO./ RESALE NO. (if applicable) | CALIFORNIA STATE PROFESSIONAL LICENSE NO. (if applicable) | |

OWNER/OFFICER INFORMATION

7. Please check the type of ownership and complete information.

| | | | | | |
|--|--------------------------------------|---|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Husband & Wife | <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust |
| Name: | | Title: | | Home Phone No: | |
| Home Address: | | City & State: | | Zip: | |
| SSN (Only Sole or Partnership): | | | DL # (Only Sole or Partnership): | | |
| Name: | | Title: | | Home Phone No: | |
| Home Address: | | City & State: | | Zip: | |
| SSN (Only Partnership): | | | DL # (Only Partnership): | | |
| Name: | | Title: | | Home Phone No: | |
| Home Address: | | City & State: | | Zip: | |

PAYMENT OF THIS TAX DOES NOT CONSTITUTE ZONING, BUILDING, OR FIRE CODE APPROVAL. CHECK WITH THE DEVELOPMENT SERVICES DEPARTMENT TO DETERMINE IF YOUR BUSINESS CAN BE LEGALLY ESTABLISHED AT YOUR LOCATION.

8. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____ Title _____ Date _____

FOR OFFICE USE ONLY

| | | |
|-----------------|-------------|----------------|
| ACCOUNT NO. | ORDINANCE | CLASSIFICATION |
| EFFECTIVE DATES | ISSUE DATES | FEE |
| NOTES: | | |

SCHEDULE OF FEES (based on State contractor's classification):

| | 3-Months | 6-Months | 1-Year |
|---|----------|----------|----------|
| CLASS A- General Engineering Contractor | \$50.00 | \$90.00 | \$150.00 |
| CLASS B- General Building Contractor | \$40.00 | \$60.00 | \$100.00 |
| CLASS C- Specialty Contractor | \$20.00 | \$36.00 | \$ 60.00 |