



# City of La Quinta

Design and Development Department  
78-495 Calle Tampico La Quinta, Ca. 92253  
Tel (760)777-7000 Web: [www.la-quinta.org](http://www.la-quinta.org)

DDD Stamp

## NEW BUSINESS LICENSE APPLICATION

### CONSTRUCTION CONTRACTOR

BL NO. \_\_\_\_\_  
 HOME OCC INSPECTI  
 INSP. DATE: \_\_\_\_\_  
**(FOR OFFICE USE ONLY)**

## BUSINESS INFORMATION

TYPE OF OWNERSHIP:  Sole Proprietorship  Partnership  Corporation  LLC  LLP  Trust  Non Profit

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ **(REQUIRED)**

TYPE OF BUSINESS: \_\_\_\_\_

### OWNER/OFFICER INFORMATION

#### Primary Owner

Name \_\_\_\_\_ Title \_\_\_\_\_

D.L.# \_\_\_\_\_ Exp Date \_\_\_\_\_

**\*\*\*I HEREBY CERTIFY that all the information supplied by me is correct and any license required by the County, \*\*\*  
State of Federal Government have been issued to me and are in full force and effect.**

**Owner Signature (or attach letter of authorization)** \_\_\_\_\_

### PLEASE ANSWER QUESTIONS BELOW

#### PROVIDE VERIFICATION

IF YOU ANSWER **YES** TO THE FOLLOWING QUESTION:

1. Corporation or Partnership? A **FEDERAL TAX ID NUMBER** is required.

YES  NO

FEDERAL TAX ID NO. \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO THE: CITY OF LA QUINTA**

# CONSTRUCTION CONTRACTOR

## REQUIREMENTS

1. State License No. \_\_\_\_\_ Class \_\_\_\_\_ Exp. \_\_\_\_\_  
 Driver License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_
- YES      NO
2. Do you receive your business mail at your home address or P.O. Box in the City of La Quinta?         
 If you answered yes, please include **HOME OCCUPATION FEE BELOW.**  
**\*A home occupation inspection is required prior to Business License Issuance**
3. Do you have Employees         
 If **yes**, complete the following information:  
**Worker's Compensation Policy No.** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
**(A copy of the policy/certificate of insurance showing coverage amounts and expiration date is required)**

## NAMES OF AUTHORIZED PERSON TO SIGN BUILDING PERMITS

\_\_\_\_\_  
 AUTHORIZED SIGNEE #1

\_\_\_\_\_  
 AUTHORIZED SIGNEE #2

\_\_\_\_\_  
 AUTHORIZED SIGNEE #3

## **General (If you carry a class A or B license, pay this fee)**

CHECK ALL THAT APPLY	TERM	FEE	CALCULATE TOTAL
<input type="checkbox"/>	1 Year	\$101.00	\$
<input type="checkbox"/>	6 Months	\$51.00	\$
IF YOU ANSWER <b>YES</b> TO NO. 2 ABOVE, <b>ADD</b> HOME OCCUPATION FEE TO SUBTOTAL		SUBTOTAL	
<input type="checkbox"/>	HOME OCCUPATION FEE	\$70.00	
*Please note the SB-1186 Law that was passed on Sept.19, 2012 by Governor Brown which adds a \$1.00 fee for applicants for a local business license, permit, or renewal has been added for your convenience.		TOTAL	\$

## **Sub-Contractor**

CHECK ALL THAT APPLY	TERM	FEE	CALCULATE TOTAL
<input type="checkbox"/>	1 Year	\$51.00	\$
<input type="checkbox"/>	6 Months	\$26.00	\$
IF YOU ANSWER <b>YES</b> TO NO. 2 ABOVE, <b>ADD</b> HOME OCCUPATION FEE TO SUBTOTAL		SUBTOTAL	\$
<input type="checkbox"/>	HOME OCCUPATION FEE	\$70.00	\$
*Please note the SB-1186 Law that was passed on Sept.19, 2012 by Governor Brown which adds a \$1.00 fee for applicants for a local business license, permit, or renewal has been added for your convenience.		TOTAL	\$