



BUSINESS LICENSE APPLICATION

CITY OF ORANGE

www.cityoforange.org

CONTRACTORS ONLY

Business License
300 E. Chapman Ave

Phone (714) 744-2270
Fax (714) 288-2170

P.O. Box 11024
Orange
CA 92856-8124

PRINT IN BLACK OR BLUE INK ONLY

CITE NO.

ACCOUNT NO.

INCOMPLETE APPLICATIONS WILL BE REJECTED

<input type="checkbox"/> New Application	<input type="checkbox"/> Previous City of Orange Business License # _____
<input type="checkbox"/> Reactivating Business License	<input type="checkbox"/> Change of Address (\$5 Move Fee) Previous address _____
<input type="checkbox"/> Change to Existing Orange Business License	<input type="checkbox"/> Change of Name – Previous Name _____

1 Business Name or Db a

2 Business Address (Do not use P.O. Box)	Unit/Suite/Apt #
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3 City, State, Zip Code	4 <input type="checkbox"/> Home Based?
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5 Mailing Address (if different from above)

6 Business Owner or Corporation Name	7 <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
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8 Business Phone	Business Fax	9 Social Security # (Sole Proprietor)	10 Federal Tax ID
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11 State License Number / Class / Exp. Date	12 Starting Date of Job in Orange	13 # Employees:
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14 Description of Job or Business Activity in Orange
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15 General Contractor for this Job	16 Job Location in Orange	17 Value of Job \$
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18 E-mail	Website	19 Seller's Permit or Resale #
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20 Owner or President's Name	Title
Residential Address	Drivers Lic #
City, State, Zip Code	Cell or Home Phone
21 Emergency Contact	Phone

If based in a commercial location in Orange, please provide the following:

22 Property Owner or Landlord	Phone
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23 Please answer the following:
1. Are you the General Contractor on this job? Yes / No
2. Will you be using Subcontractors? Yes / No See back of form about sending in your List of Subcontractors.
If your business is based in the City of Orange...
3. Are you sharing your location with another business? Yes / No
4. Will you be storing hazardous materials? Yes / No

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative of this business. I understand that this application does not license me to operate until I have fulfilled all requirements of the Orange Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession. If a Home Based business, I agree to conform to O.M.C. 17.14.050(h).

Signature _____ Print Name _____ Title _____ Date _____

SEE TAX SCHEDULE ON REVERSE SIDE FOR AMOUNT DUE WITH APPLICATION

TAX SCHEDULE: _____ TYPE: _____ LINKED _____ VISA / MC / CASH / CK # _____ EXPIRATION DATE: _____
REMARKS: _____ TOTAL DUE: _____

GENERAL CONTRACTORS

PROVIDE YOUR LIST OF SUB CONTRACTORS AS SOON AS POSSIBLE TO AVOID TAX LIABILITY

- You must send a list of your sub contractors for each stage of the job.
- Fax to (714) 288-2170 or email to blicense@cityoforange.org.
- You may use your own format or call (714) 744-2264 to receive our "List of Subcontractors" form.

OMC 5.10.010 E. General contractors or contractors employing subcontractors or other services, whether the provider of said services is state licensed or not, shall furnish the Business Services Coordinator with the names and addresses of the subcontractors or other services and the amount of money which the contractor is paying or proposing to pay to each of his subcontractors or other services. In addition to any other penalties provided by law, in the event the contractor fails, neglects or refuses to provide the Business Services Coordinator with such information on subcontractors, or other services, the contractor shall be jointly and severally liable to pay the amount of the business tax for each subcontractor or other services so employed.

CLASSIFICATION / TAX SCHEDULE	TAX	APPLICATION** & STATE FEES*	TOTAL DUE	ANNUAL RENEWAL TAX
F8 CONTRACTORS (A/B Class) Flat Tax	\$125.00	\$47.00	\$172.00	Flat Tax \$125.00
F7 CONTRACTORS (C/D Class <u>only</u>) Flat Tax	\$75.00	\$47.00	\$122.00	Flat Tax \$75.00

- Make checks payable to: City of Orange
- Visa and MasterCard are accepted
- **Application Fee (\$46.00) is non-refundable
- Gross Receipts Option per OMC 5.14.070
- For further information on payments, call (714) 744-2270
- Contractors State License Board (CSLB) - (800) 829-1040 www.cslb.ca.gov

***State Mandated Fee (\$1.00) for Disability Access & Education Revolving Fund:**

On September 19, 2012, Governor Brown signed into law Senate Bill 1186, adding a state fee of \$1.00 to any application or renewal for a business license/permit, effective January 1, 2013. This fee will provide a funding source for increased education on disability access and compliance with construction-related accessibility requirements to facilitate compliance with the federal and state disability laws.

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 Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.cdda.ca.gov.

CITY OF ORANGE OFFICES: Monday - Thursday 7:30 am - 5:30 pm (Check website for open Fridays) www.cityoforange.org

Business License	(714) 744-2270	Police Dept.	(714) 744-7390	Water Billing	(714) 744-2241
Building Department	(714) 744-7200	Planning and Zoning	(714) 744-7220	Code Enforcement	(714) 744-7244
Building Inspection	(714) 744-7216	Fire Department	(714) 288-2500	Water Plant	(714) 288-2475

CREDIT CARD AUTHORIZATION

(CREDIT CARD PAYMENTS WILL NOT BE ACCEPTED FOR LESS THAN \$15.00 OR IN EXCESS OF \$5,000.00)

M/C _____	Exp. Date: _____	Amount Authorized: \$ _____
Visa _____	Exp. Date: _____	Security Code (last 3 digits on back of card): _____
Name on Card: _____		Work Phone: () _____
Signature: _____		Home Phone: () _____
Billing Address: _____		
Street	City	State Zip