

CITY OF SAN GABRIEL
425 S. MISSION DR., SAN GABRIEL, CA 91776 • 626-308-2812
Mail to: P.O. Box 130, San Gabriel, CA 91778
www.sangabrielcity.com

OUT OF TOWN BUSINESS LICENSE APPLICATION
(Contractors, Property Managers, Auctioneers, etc.)

Please type or print clearly. Please fill in completely.

<u>Business Name</u>	<u>Business Phone</u>	<u>Date</u>
<hr/>		
<u>Business Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
<hr/>		
<u>Mailing Address, if different from above</u>		
<hr/>		
<u>Describe in detail the type of business (if State licensed contractor, classification of license):</u>		
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<u>State license #, and expiration date, if applicable:</u> _____		
<p>I declare that this application, to the best of my knowledge, is a true and correct statement of facts.</p>		
Owner's Name _____		
Signature _____	Date _____	
FEE:	Date _____	
Flat Fee (Annual) _____	Amount Paid _____	
Investigation (1st time only) _____	Cash _____ Check _____	
Proration (Quarterly) _____	Credit Card _____	
TOTAL DUE _____	TOTAL _____	
<p>We regret that we can not accept credit card payments by mail or phone. Please enclose payment by check, made payable to the City of San Gabriel if returning application by mail. We accept cash, check, Mastercard or Visa if paying in person.</p>		
<u>Please call phone number at top of page to determine fee due.</u>		