Office Use Only
Lic # _____
Rec # _____

CITY OF NEEDLES

_____
Business Name

_____
Address

_____
City, State & Zip

Must Provide Proof of Valid Current Workers' Compensation Insurance or a Current Certificate of Self-Insurance

N O T I C E

PURSUANT TO SECTION **12-44** OF THE NEEDLES CITY CODE, **(b)** SUBCONTRACTORS, FOR EACH PERSON ENGAGING IN OR CARRYING ON ANY OF THE BUSINESS ENUMERATED AS FOLLOWS, THE LICENSE FEE SHALL BE THIRTY DOLLARS **($30.00)** PER YEAR. PLEASE CIRCLE THE APPOPRIATE "C" OR "D" NUMBERS.

C-2	C-4	C-5	C-6	C-7	C-8	C-9	C-10	C-11	C-12	C-13	C-15
C-16	C-17	C-20	C-21	C-23	C-27	C-28	C-29	C-31	C-32	C-33	C-34
C-35	C-36	C-38	C-39	C-42	C-43	C-45	C-46	C-47	C-50	C-51	C-53
C-54	C-55	C-57	C-60	C-61							

D-3	D-4	D-6	D-9	D-10	D-12	D-16	D-21	D-24	D-28	D-29	D-30
D-31	D-34	D-35	D-38	D-39	D-40	D-41	D-42	D-49	D-50	D-52	D-53
D-56	D-59	D-62	D-63	D-64	D-65						

AFTER CONTRACT AWARDS EXCEED $30,000 IN ANY FISCAL YEAR THE LICENSEE SHALL ALSO PAY QUARTERLY $1.00 PER $1,000 OF CONTRACTS AWARDED TO THE CONTRACTOR DURING THE QUARTER FOR WORK TO BE PERFORMED WITHIN THE CITY. FOR PURPOSES OF THIS SECTION, THE CONTRACTOR MAY EXCLUDE CONTRACTS FOR WHICH VALID BUILDING PERMITS HAVE BEEN ISSUED BY THE CITY IF SALES TAX FOR ALL MATERIALS ARE CREDITED TO THE CITY.

~ See Reverse Side ~

DECLARATION

IN COMPLIANCE WITH THE PROVISIONS OF THE ABOVE SECTION PERTAINING TO "SUBCONTRACTING", I HEREBY DECLARE MY CALIFORNIA STATE CONTRACTOR'S LICENSE NUMBER IS: _____.

DATE OF LICENSE EXPIRATION IS: _____.

THIS DECLARATION IS MADE UNDER THE PENALTY OF PERJURY THIS _____ DAY OF _____, _____.

BY SIGNING BELOW, I AFFIRMATIVELY REPRESENT THAT ANY BUSINESS OR ACTIVITIES FOR WHICH I SUBMIT THIS APPLICATION WILL BE OPERATED IN COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL LAWS.

_____
Authorized Signature

PLEASE PROVIDE COPY OF CALIFORNIA CONTRACTORS POCKET CARD.

ANNUAL – JULY-1 to JUNE 30	
BUSINESS LICENSE FEE:	$ 30.00
$1.00 PER $1,000 OF CONTRACTS AWARDED IF	
CONTRACT AWARDS EXCEED $30,000 IN ANY FISCAL YEAR	
BUSINESS LICENSE RENEWAL PROCESSING FEE:	$ 29.00
STATE MANDATED FEE:	$ 4.00
TOTAL	$

Make Check Payable to: **City of Needles**

Mail This and <u>All</u> Forms To:

City of Needles
Business License Department
817 Third Street
Needles, CA 92363

CITY OF NEEDLES

817 Third Street – Needles, California 92363
760-326-2113 ext 145 – Fax 760-326-6765

BUSINESS LICENSE APPLICATION

New Business ☐ Renewal ☐ Change of Address ☐ Change in Ownership ☐

Business Name _____

Business Owner _____ Business Phone No. _____

Business email address _____

Description of business activity in detail _____

_____

Please indicate business type: Retail ☐ Wholesale ☐ Manufacturing ☐ Other ☐

Are you sharing this location with another business / use? No ☐ Yes ☐ Name _____

Business Address _____

City _____ State _____ Zip _____
(May be a post office box or private mailbox where each individual consent to receive service of process per AB 2184.)

Billing Address _____
City _____ State _____ Zip _____
(If different from the service of process address above.)

State Contractor/Subcontractor/Professional License No. (if applicable) _____

If Federal, State or other Regulatory Agency permit/approval is required, a copy must be provided.

Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐

NOT PUBLIC INFORMATION **NOT PUBLIC INFORMATION**

Business Owner(s) / CEO _____
Service of Process Address _____ City _____ State ___ Zip Code _____
Phone # _____ Social Security#/ Driver License # or Other ID _____
Email Address _____
Federal Employer ID (FEIN) _____ State Employer ID (SEIN) _____
BEAN (State Sales Tax Number) _____
Business Partner(s) / Owner _____
Service of Process Address _____ City _____ State __ Zip Code _____
Phone # _____ Social Security#/ Driver License # or Other ID _____
Email Address _____

I hereby certify under penalty of perjury that the above information is complete and true to the best of my knowledge and that falsifying this information can result in denial or revocation of a City of Needles business license.

_____ _____
Signature of Applicant Title and Date

WORKER'S COMPENSATION DECLARATION

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:

☐ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license was issued.

☐ I have and will maintain worker's compensation insurance, insuring employees working in California issued by an insurer duly licensed and authorized to issue policies in California, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

MY WORKER'S COMPENSATION INSURANCE CARRIER AND POLICY NUMBER ARE:

CARRIER_____ADDRESS_____

POLICY NUMBER_____DATE OF EXPIRATION_____

☐ I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO $100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

_____ _____

(Company Name) *(Date)*

_____ _____

(Address) *(Signature)*