

**CONTRACTOR
BUSINESS REGISTRY APPLICATION**

Applicant Name _____

Business Name _____

Business Address _____

(Cannot be P.O. Box)

Business Phone (____) _____ Business Fax (____) _____

Mailing Address _____

(if different than above)

Email _____ Check This Box If You Like To Go Paperless

Contractors License # _____ Classification(S) _____ Exp Date _____

SIC Code _____ Resale License Number(if applicable) _____

Check appropriate box for ownership structure :

Corporation Corporation - Ltd. Liability Partnership Sole Proprietor

Enter names of Owners, Partners, or Corporate Offices below (attach additional sheets, if necessary) :

Owner Name _____ Title _____ Phone (____) _____

Home Address _____ Cell Phone (____) _____

(Cannot be P.O. Box)

Driver Lic. No. _____ Email _____

Alternate Contact Information:

Name _____ Title _____ Phone (____) _____

Home Address _____ Cell Phone (____) _____

*** Do not answer or disclose to any questions(s) if the following apply: minor traffic infractions and convictions for which the record has been sealed or expunged; any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and misdemeanor convictions for marijuana-related offenses more than two (2) years old.**

Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two (2) year old: Notwithstanding any of the preceding, you should not disclose convictions that are over two (2) years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1979 or a statutory predecessor to those statutes).

No Yes

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE PROVIDE A WRITTEN EXPLANATION AS TO THE FACTS AND DATES SURROUNDING YOUR ANSWER:

CERTIFICATE OF APPLICANT: "I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application will subject me to disqualification or revocation of the registry issued. I understand also that I am required to abide by all the rules and regulations of the City of Rosemead."

Printed Name of Owner or Representative

Date:

Signature of Owner or Representative