



THE CITY OF SELMA

1710 TUCKER STREET

SELMA, CA. 93662

PHONE: 559-891-2205

FAX: 559-896-1068

BUSINESS LICENSE APPLICATION CONTRACTOR

Please complete the following information

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

BUSINESS PHONE: _____ FAX: _____

BUSINESS OWNER: _____

OWNER'S ADDRESS: _____

CITY/STATE/ZIP: _____

OWNERS PHONE: _____ FAX: _____

SOLE PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

=====

CONTRACTOR'S INFORMATION

CONTRACTOR'S LICENSE NUMBER: _____

EXPIRATION DATE: _____ CLASSIFICATION: _____

DESCRIPTION: _____

WORKER'S COMP: _____

NUMBER OF VEHICLE(S) _____

BUSINESS LICENSE FEE	\$55.00
ADMINISTRATIVE FEE	20.00
TOTAL FEES	75.00

SIGNATURE OF BUSINESS OWNER: _____

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OFFICE USE ONLY

DATE APPLICATION REC'D _____ BY: _____

NUMBER OF WHEEL PERMITS _____ PERMIT NUMBER(S) _____