



**City of Rolling Hills Estates**

4045 Palos Verdes Drive North  
 Rolling Hills Estates, CA 90274  
 310-377-1577 • Fax 310-377-4468  
 www.RHE.city

This Application is for:

- New Business
- Renewal
- Change of Owner
- Change of Address

**Business License Application - Year 2016  
 CONTRACTOR**

**Official Use Only**

**Business Name:** \_\_\_\_\_

License No. \_\_\_\_\_

**Business Address:** \_\_\_\_\_

License Fee \$: \_\_\_\_\_

Address Suite City State Zip

Amt. Remitted: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(If Different)

Address Suite City State Zip

Check # \_\_\_\_\_

AB 939 (3720) \$ \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

Date: \_\_\_\_\_

**Business Activity:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Ownership:**  Sole Proprietor  Partnership  LLC  Corporation  Non-Profit

**Federal ID No.** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ **Seller's Permit No.** \_\_\_\_\_

**Contractors State License No:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Start Date In City** \_\_\_\_\_

**Business Owner or Principal Information**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone(\_\_\_\_\_)** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

Address Suite City State Zip

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone(\_\_\_\_\_)** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

Address Suite City State Zip

I declare under penalty of making a false statement the information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

- All Licenses Expire on the Thirty-First of December, and license renewals are due by January 31 to avoid penalty.

SB 1186 "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](http://www.dgs.ca.gov/dsa/Home.aspx).  
 The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).  
 The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)."

**Contractor** (fee is non-proratable)

<b>Base Fee</b>	\$40.00
<b>SB 1186 State Mandated Fee</b>	\$1.00
<b>Subtotal</b>	<b>\$41.00</b>

**New License \$20**

---or--- \$ \_\_\_\_\_

**Renewal \$10** within 1 year

**Adjustments** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

\*\*\*Late Fee/Penalties: Add a penalty of 10% of the license tax on the last day of each month after the due date with a maximum annual penalty of 50% of the annual fee. Licenses are due and payable on the first day of doing business within the City for new businesses and license renewals are due by January 31 each year to avoid penalty.