

TOWN OF WOODSIDE
P.O. Box 620005
Woodside, CA 94062
(650) 851-6790
PER PROJECT BUSINESS LICENSE

For Permit # _____ Project Address: _____

CONTRACTOR INFORMATION:

Business Name: _____

Business Address: _____

Telephone #(_____) _____ Resale # (SBE) _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect. Initial ____

CA License # _____ Business Type _____ Exp. Date _____

Please attach a copy of your contractor license if you are applying by mail.

Check One: ____ Corporation ____ Partnership ____ Sole Proprietor (individual)

Please initial in box:

I hereby affirm that I have a Certificate of Consent to self insure, or a Certificate of Worker's Compensation insurance and a certified copy thereof is furnished to the Town of Woodside (Exp.: _____),

OR

I certify that in the performance of work 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.

I declare that, per the terms of Ordinance No. 1992-452, my estimate for the work for which this license is issued is less than \$10,000 and the time I will be at work on the project will not exceed 30 days. I declare under penalty of perjury that to my knowledge all information in this statement is true and correct.

Name: _____ Signature: _____
(Print)

FOR OFFICE USE: (File this form with permit, copy in counter folder)	
_____ \$25 (Job Valuation less than \$1,000)	
_____ \$50 (Job valuation \$1,000 - \$9,999)	
Date Received _____	Receipt # _____
Received By _____	License # _____