

**CITY OF POMONA
FINANCE DEPARTMENT
REVENUE MANAGEMENT DIVISION
BUSINESS LICENSE UNIT
P.O. BOX 660
POMONA, CA 91769**

CALCULATIONS FOR CONTRACTORS LICENSE FEE
(City Code Section 50-411)

AND CERTIFICATION RE: STATE CONTRACTORS LICENSE
(B. & P. Code, Sec. 7033)

Name of Business _____

State Contractors License Number _____

Address _____

Address of job site _____

Valuation of contract to be performed in the City \$ _____ *

Starting date on the job: _____ Date expected to finish: _____

*License fees may be deducted for amounts paid by sub-contractors who actually worked on the job and pull a city business license for said job. Please provide the following information:

1. Name and address of each sub-contractor
2. Amount paid to each sub-contractor

I HEREBY CERTIFY UNDER PENALTY OF MAKING A FALSE OATH, THAT THE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND COMPLETE STATEMENT.

SIGNED _____ DATED _____