



Activity BS \_\_\_\_\_

**BUILDING & SAFETY DIVISION**  
Community Development Department  
150 N. Third St., Burbank CA 91502  
Office 818-238-5220 - FAX 818-238-5242  
[www.burbankca.gov](http://www.burbankca.gov)  
EMAIL: [building@burbankca.gov](mailto:building@burbankca.gov)

## CONTRACTORS BUSINESS TAX APPLICATION

*Work is Not Authorized Until Fees Have Been Paid and Building Permits Have Been Issued*

### Job Address:

Construction Valuation:

Amount Due:

Description of Work:

Contractor's Business Name as it appears on Contractors State License Board:

Street Address:

Zip:

State:

Email Address:

Phone:

Cell:

FAX:

State Contractors License #

Expiration Date:

Classification/s:

Workers Comp Insurance:

Expiration Date:

Officers Listed with State Board:

1.

2.

3.

4.

5.

A current notarized letter is required for each authorized representative not listed with the California Contractors State License Board (CSLB). The notarized letter must be signed by an officer of the company. The officer must be listed on the Personnel List maintained by the Contractors State License Board for the State License. Signatures of officers not listed on the CSLB Personnel List for a specific license will not be accepted.

**Business Tax is calculated at \$0.90 per \$1,000 of valuation with a minimum of \$10.00 and a maximum of \$489.00.\***

**\*Tax rate and maximum subject to change July 1 each year.**

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE ALL PERMITS SHALL BE DEEMED REVOKED.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Officer listed on State License Board**