



CONTRACTOR BUSINESS LICENSE

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY

DATE REC: _____

EXP DATE: _____

RECEIPT NO.: _____

ENTERED BY: _____

Date: _____

Business Name (DBA): _____

Owner/Officer Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone No.: _____

Email: _____

California State Contractor's License No.: _____ Class: _____ Exp Date: _____

Term (check one): 4 months - \$30

1 year - \$60

California Licensed contractor or Authorized Agent Signature:

SIGNATURE

PRINT NAME

DATE

I represent the:

Contractor

Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)

PLEASE NOTE THAT ALL SUB-CONTRACTORS ARE REQUIRED TO OBTAIN BUSINESS LICENSES Larkspur Municipal Code Section 5.24.070

For additional information, forms & documents please visit us on the web at: [City of Larkspur Building Department](#)