

CITY OF LARKSPUR
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FOR DEPARTMENT USE ONLY

Receipt No.: _____ Date received: _____

Expiration date: _____ Entered into database by: _____

_____ MasterCard _____ Visa _____ Cash _____ Check

**CONTRACTOR'S
BUSINESS LICENSE REGISTRATION**

~ Illegible applications will not be accepted ~

Date: _____

Business Name: _____

Contact Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone number: _____

Fax number: _____

Email: _____

Contractor's State License: _____

Project Address (if applicable): _____

Term (check one) _____ 4 Months - \$30.00

 _____ 1 Year - \$60.00