City of RIPON

SUBCONTRACTOR'S LIST *- To be completed by General Contractor or Owner (if acting as contractor)*

FOR OFFICE USE

Sent to Admin. Dept.:_____

1st Notice Sent:_____

Follow up:_____

2nd Notice Sent:_____

Follow up:_____

All Subcontractor's are **REQUIRED** to obtain a City Business License prior to conducting business within the City of Ripon. Operating a business without a City Business License is in **VIOLATION** of the Ripon Municipal Code (RMC) Title 5 (Business License) Failure to obtain such a license may result in inspections being suspended, delaying further work until such time a City Business License is obtained.

Project General Contractor OR Owners Name *(if acting as contractor)***:**_____

Mailing Address:_____**Phone #:**_____
 # and street **city & zip**

Project Address: _____

Type of Project: • **New Construction** • **Swimming Pool** • **Addition/Remodel**
• **Repair** • **Other** _____ **Projected Start Date:**_____

SUBCONTRACTOR'S INFORMATION *- Attach additional sheets if more space is needed*

THIS SECTION FOR OFFICE USE ONLY

Business Name/ DBA (if applicable)	Mailing Address (# and street, city & zip)	Contact Person	Phone #	City Business I.D.#	Comments