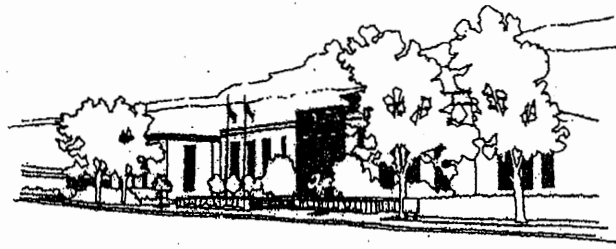


City of San Leandro
 Civic Center, 835 East 14th Street
 San Leandro, California 94577



Sub-Contractor List

Date: _____ Site Address: _____

Property Owner: _____

General Contractor: _____

Address: _____

Business License Number: _____

Please list all sub-contractors:

	Contractor's Name	State Contractor's License No.	San Leandro Business License No.	Contact Name	Contact Phone No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Certification and Acknowledgement

I declare, under penalty of perjury, I shall conduct business within the City of San Leandro in accordance with the San Leandro Municipal Code 2-2-300 - LICENSE REQUIRED: No person shall commence or carry on any business in this City without first having obtained a license and paid the appropriate fees in accordance with the provisions of this Chapter.

SIGN HERE



 Signature of Owner/Contractor

 PRINT NAME HERE

TITLE: _____

DATE: _____