The City of Danville requires that all general contractors provide a list of their subcontractors for each job site. This list should include the subcontractor’s name, address, phone and fax number. If the subcontractor is currently registered with the City of Danville please provide the requested information along with their business license number. As additional subcontractors are hired, updated lists can be mailed or faxed to the attention of Business Licensing, Codes & Financial Enforcement. This ensures full compliance with the City Code Section 16-2, which requires each contractor/subcontractor to purchase an occupational license for work within the city.

Failure of the general contractor or subcontractors to purchase a Danville City Business License can result in a stop work order being issued. In order to avoid the delay of a stop work order or interruptions for an officer to check business licenses at the job site, the city is requesting your cooperation in returning this form.

JOBSITE LOCATION: _________________________________________________________________
BUILDING PERMIT #: ________________________________________________________________
NAME & BUSINESS LICENSE # OF GENERAL CONTRACTOR:
_____________________________________________________________________________________

LIST OF SUBCONTRACTORS:

Name: ___________________________ Address: ___________________________
Phone #: __________________ Fax #: ________________ Federal ID# or Social Security #: ________________
Date Starting Work: ________________ Business License # (if currently registered) ____________________

Name: ___________________________ Address: ___________________________
Phone #: __________________ Fax #: ________________ Federal ID# or Social Security #: ________________
Date Starting Work: ________________ Business License # (if currently registered) ____________________

Name: ___________________________ Address: ___________________________
Phone #: __________________ Fax #: ________________ Federal ID# or Social Security #: ________________
Date Starting Work: ________________ Business License # (if currently registered) ____________________

Name: ___________________________ Address: ___________________________
Phone #: __________________ Fax #: ________________ Federal ID# or Social Security #: ________________
Date Starting Work: ________________ Business License # (if currently registered) ____________________

Name: ___________________________ Address: ___________________________
Phone #: __________________ Fax #: ________________ Federal ID# or Social Security #: ________________
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Name: ___________________________ Address: ___________________________
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