BUSINESS LICENSE APPLICATION

CITY OF HUGHSON

7018 Pine St. P.O. Box 9, Hughson, CA 95326

Phone: (209) 883-4054 Fax: (209) 883-2638

(Please Print)

Business Name:			Business Phone #:
Business Location:		City/State/Zip	
Mailing Address:		City/State/Zip	
Business Owner:		Home Phone #:	
Home Address:		City/State/Zip	
Social Security #: (not needed if a Corporation)		Emergency Phone #:	
Manager's Name:		E-mail Address:	
Application is for:	( ) Sole Proprietorship ( ) Partnership ( ) Corporation - If Corporation, list officers below		

Name: Address: Phone:

Name: Address: Phone:

Check type of business: ( ) retail ( ) service ( ) wholesale ( ) construction ( ) manufacturing ( ) non-profit ( ) food service

Fully describe business activity:		Please provide a copy of all licenses and ID's
Will you be using or storing Flammable or Hazardous Material? Yes / No	Federal Employer ID#:	
State Board of Equalization Resale # (include letters) -	State Employer #:	
Contractor License # & type:	Other License # & type:	

Name of Property Owner (if other than business owner):	
Address:	City/State/Zip
Property Owner Signature:	**Please attach a copy of lease agreement*

Is Business located with in your home? (In our City Limits) **Yes / No** If yes, attach Home Occupational Permit Application (Additional Fee)

If your business name does not include your last name, attach a copy of your ***"Fictitious Name Statement" or your "Corporation Documents"***

I have read and understand the provisions of the City of Hughson's Municipal Code Section 5.04.010 - 5.04.200.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

X Date: **X Applicant's Legal Signature:**

FOR OFFICIAL USE ONLY

Planning/Building Dept Approved:		Date:	Sent to Planning/Bld:
Home Occupational Permit Approved:		Date:	
Other Permits Required	No Yes if yes, what?		
Fire Dept. Approved		Date:	Faxed to Fire Dept:
Police Dept Approved		Date:	Sent to Police Dept:
County Health Dept:	County Health Cert. Attached?	Date:	

Finance Department:

Date Received:		**Date Fees Paid & Ck #**	
Date Entered:		Bus Lic Fee Paid:	$
Acct # assigned:		Home Occ Fee Paid:	$
Bus. License #:		**TOTAL FEES PAID:**	$

COMMENTS: