



# City of Hughson Business License Application

7018 Pine St. P.O. Box 9, Hughson Ca 95326  
Phone: (209) 883-4054 Fax: (209) 883-2638

OFFICE USE ONLY

BL#: \_\_\_\_\_

Ck# \_\_\_\_\_  Cash

Date: \_\_\_\_\_ Amt Paid: \_\_\_\_\_

### PLEASE PRINT THE FOLLOWING INFORMATION

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Owner Status: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation ( ) Limited Liability Company

Type of Business: ( ) Retail ( ) Service ( ) Wholesale ( ) Construction ( ) Manufacturing ( ) Non-profit ( ) Food Service

Fully describe the business activity: \_\_\_\_\_

No. of Full-Time Employees: \_\_\_\_\_

Will you be using or storing flammable or hazardous material? Yes / No Federal Employer ID #: \_\_\_\_\_

State Board of Equalization Resale Permit #: \_\_\_\_\_ State Employer ID #: \_\_\_\_\_

Contractor License & Type: \_\_\_\_\_ Other License #(s) & Type: \_\_\_\_\_

### OWNER(S) OR OFFICER(S) INFORMATION

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B. \_\_\_\_\_

DL #: \_\_\_\_\_ DL #: \_\_\_\_\_

Is your business located within your home? Yes / No If yes, attach Home Occupation Permit Application (Additional Fee Will Apply)

Name of Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ *\*Please attach a copy of the lease agreement*

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.

Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Planning/Building Department Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Home Occupational Permit Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department Approved: \_\_\_\_\_ Date: \_\_\_\_\_

County Health Department Certificate Attached? Yes / No Other Permits Required? Yes / No

If yes, what type? \_\_\_\_\_