



City of Hughson Business License Application

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

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

Email: agose@hughson.org

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: _____ Date: _____

County Health Department Certificate Attached? Yes / No

Other Permits Required? Yes / No

If yes, what type? _____