



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

PLEASE PRINT THE FOLLOWING INFORMATION

Business Name: _____ Business Phone: _____
 Business Physical Address: _____ City/State/Zip: _____ Business Fax: _____
 Business Mailing Address: _____ City/State/Zip: _____
 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: _____

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: _____
D.O.B. _____ DL #: _____	D.O.B. _____ DL #: _____

Dates that business will be conducted within City limits? _____

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: _____

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

Fire Inspection Approval Attached? Yes / No If yes, what type? _____

BL#: _____	Energov INV- _____
Amount Paid: _____ Date: _____	Check / Cash
	Check #: _____