



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

(List address where each individual consents to receive service of process per AB2184, Sec. 16000.1(a)(2) and 16100.1(a)(2))

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

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

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

**NOT PUBLIC INFORMATION**

**OWNER(S) OR OFFICER(S) INFORMATION**

**NOT PUBLIC INFORMATION**

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

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

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

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

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

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

SS#/DL # or Other ID: \_\_\_\_\_

SS#/DL # or Other ID: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ - \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ - \_\_\_\_\_

State Employer ID # \_\_\_\_\_

State Employer ID # \_\_\_\_\_

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