This is included in your fees, please complete this form and return with your vendor application - Thank You

$10 City fee included in vendor fee

BUSINESS LICENSE APPLICATION

CITY OF HUGHSON

[illegible]

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

(Please Print)

Business Name:			Business Phone #:
Business Location:			
Mailing Address:		City/State/Zip	
Business Owner:		Home Phone #:	
Home Address:		City/State/Zip	
Social Security #: (not needed if a Corporation)		Emergency Phone #:	
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:

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 #:	Class:	Type:

Name of Property Owner (if other than business owner):		
Address:	City/State/Zip	

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:	Contractor license verified & copy attached?
Other Permits Required	No ☐ Yes ☐ if yes, what?		
Fire Dept. Approved		Date:	Faxed to Fire Dept:
Public Works Approved:		Date:	Sent to PW:
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:**	$

Name	***COMMENTS:***