



Hughson Chamber of Commerce

Business License Application

P.O. Box 1717, Hughson Ca 95326

Phone: (209) 883-0811

Email: officemanager@hughsonchamber.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))

Mailing Address: _____ 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 #: _____ Other License #(s) & Type: _____

Contractor License & 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? Annual or Quarterly _____

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: _____

Quarterly or Annual License Requested? _____

Other Permits Required? Yes / N

If yes, what type? _____

BL#: _____

Energov INV- _____

Amount Paid: _____ Date: _____

Check / Cash / Card

Check# or Card Transaction # : _____