



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: arice-peltier@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))

Billing Address(If different from business 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: _____

No. of Full-Time Employees: _____

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 #: _____

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: _____

Fire Inspection Approved: _____ Date: _____

County Health Department Certificate Attached? Yes / No

Other Permits Required? Yes / N

Checklist attached? Yes / No

If yes, what type? _____

BL#: _____

Energov INV- _____

Amount Paid: _____ Date: _____

Check / Cash

Check #: _____