



**City of Hughson  
Special Event Vendor  
Business License Application**

7018 Pine St. P.O. Box 9, Hughson Ca 95326  
Phone: (209) 883-4054 Fax: (209) 883-2638  
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))

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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

There is a \$10/day City Fee. How many days will your business be participating in? \_\_\_\_\_

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