



CITY OF HOLLISTER

Finance Department

375 Fifth Street
Hollister, CA 95023
Phone: (831) 636-4301 or (831) 636-4302
Fax: (831) 636-4369
www.hollister.ca.gov

Business License Number	
New	_____
Renewal	_____

NON-REFUNDABLE BUSINESS LICENSE TAX APPLICATION

Print or type all applicable information

Corporation Corporate Name: _____

Sole Proprietorship Husband & Wife Sole Proprietorship Partnership Non-Profit Org. (Exempt) LLC

Business Name (doing business as) _____

Business Description (detailed summary) _____

Business Address (address, city, state, zip code) _____ Home based business? - Home Occupation Permit required

Mailing Address if different from above (address, city, state, zip code) _____

Web Page Address _____ E-mail address _____

Opening Date _____ Business Phone _____ Fax No. _____

No. of employees _____ Sales Tax Number _____

State Contractor's License No. & Class _____ Expiration Date _____

Owner or Officer Names(s)/Title:

Name _____ Address (City, State, Zip code) _____ Phone _____

Name _____ Address (City, State, Zip code) _____ Phone _____

NOTICE: Issuance of a business license does not give you permission to operate a business that violates federal, state or local laws. You are urged to check with the appropriate city and county departments for further information about those regulations affecting your business PRIOR to paying the business license tax. ONCE PAID, BUSINESS LICENSE TAXES WILL NOT BE REFUNDED.

READ AND INITIAL _____

Planning 636-4360 Code Enforcement 636-4365 Health 636-4035 Police 636-4330 Building 636-4355 Fire 636-4325

I hereby certify under penalty of perjury that I have read the foregoing, and that the information provided is true and correct.

Applicant Signature _____ Print (Signature Name) _____ Date _____

The Business License Tax is to be submitted with this application

For Internal use only:

Ordinance Section _____ License Type _____

Business License Tax \$ _____

Penalties (if applicable) \$ _____

Total Due \$ _____

Expiration Date _____

Processed by _____

Payment Method: Check Cash Visa/MC