



CITY OF HOLLISTER

Finance Department

339 Fifth Street
Hollister, CA 95023
Phone: (831) 636-4301
Fax: (831) 634-4913
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
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Name	Address (City, State, Zip code)	Phone
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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
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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) \$ _____	Payment Method:
Total Due \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa/MC
Expiration Date _____	Processed by _____