



**CITY OF HOLLISTER**  
**Finance Department**  
 327 Fifth Street  
 Hollister, CA 95023  
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[www.hollister.ca.gov](http://www.hollister.ca.gov)

|                                |       |
|--------------------------------|-------|
| <b>Business License Number</b> |       |
| New                            | _____ |
| Renewal                        | _____ |

**NON-REFUNDABLE BUSINESS LICENSE TAX APPLICATION**

Print or type all applicable information

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

Business/Corporate Name: \_\_\_\_\_

Physical Business Address (address, city, state, zip code) \_\_\_\_\_

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

Business Description (Attach additional page if needed)

Web Page Address \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Opening Date \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_  
 No. of employees \_\_\_\_\_ Resale Number \_\_\_\_\_  
 State Contractor's License No. & Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Owner or Officer Names(s) / Title:**

Name \_\_\_\_\_ Home Address (City, State, Zip code) \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Home 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 Enf. 636-4356   Health 636-4035   Police 636-4330   Building 636-4355   Fire 636-4325   Env. Programs 636-4377

Standard Industrial Classification (Required): \_\_\_\_\_  
<https://www.osha.gov/pls/imis/sicsearch.html>      WDID/NONA/NEC Identification: \_\_\_\_\_

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 (Applicant Name) \_\_\_\_\_ Date \_\_\_\_\_

**The Business License Tax is to be submitted with this application**

|  |   |
|--|---|
| <b>For internal use only:</b>                |   |
| 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 _____  |