CITY OF HOLLISTER
Finance Department
327 Fifth Street
Hollister, CA 95023
Phone: (831) 636-4301
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 ☐ 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 (Atttach 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

For Internal use only:

Ordinance Section _____ License Type_____

Business License Tax $ _____

Penalties (if applicable) $ _____ Payment Method:

Total Due $ _____ ☐ Check ☐ Cash ☐ Visa/MC

Expiration Date _____ Processed by _____