City of Huron/ P.O. Box 339/ 36311 Lassen Ave., Huron, CA. 93234-0339 •PH (559) 945-2241• FAX (559) 945-2609

July 2022

To all applicants,

We are accepting business license application by e-mail. If this option is best for you, please e-mail – finance@cityofhuron.com

For all first-time applicants the fee for a business license is $164.00.

An online payment option is also offered but a convenience fee of $1.01 applies.

Thank you for your business.

City of Huron, Planning and Building Department

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APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____

BUSINESS STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

OWNER OF PROPERTY: _____ **APN#**_____

OWNER(S) OF BUSINESS: _____

_____

TYPE OF BUSINESS AND ACTIVITIES TO BE CONDUCTED: _____

_____

ESTIMATE OR ACTUAL GROSS SALES $_____

COMPLETE ALL OF THE INFORMATION THAT APPLIES TO YOUR BUSINESS:

OWNER OR MANAGER: _____

_____

Home Address **Bus Phone** **Home Phone**

EMERGENCY CONTACT: _____

Name **Address** **Phone No**

STATE CONTRACTOR'S LICENSE: _____

WORKER'S COMP POLICY: _____

OWNER/MANAGER DRIVER'S LICENSE: _____

IRS NO.: _____

STATE BOARD OF EQUALIZATION NO.: _____

NUMBER OF COMMERCIAL VEHICLES: _____

HEALTH DEPARTMENT CERTIFICATE NO.: _____

DO YOU PLAN TO BUY OR SELL SECOND-HAND MERCHANDISE? _____

DO YOU PLAN TO SELL FIREARMS? _____

NUMBER OF: WASHERS_____ **DRYERS**_____ **BARBER CHAIRS**_____

BEAUTY OPERATORS____**BILLIARDS TABLES**_____**CARD TABLES**____ **MUSIC MACHINES** ____

CARD DEALERS ____**MOTEL/HOTEL ROOMS**_____ **APT. UNITS** _____**VENDING MACHINES** _____

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VIDEO/PINBALL MACHINES _____

WILL ANY HAZARDOUS MATERIALS/CHEMICALS BE STORED ON SITE? _____

I UNDERSTAND THAT I HAVE APPLIED FOR A CITY OF HURON BUSINESS LICENSE ONLY. I UNDERSTAND THAT THERE MAY BE OTHER LICENSES OR PERMITS REQUIRED DUE TO THE NATURE, LOCATION OR OTHER CHARACTERISTIC OF MY PROPOSED BUSINESS ACTIVITY.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

BUSINESS POSITION: _____

ZONING: _____ GENERAL PLAN: _____

PLANNING: _____ BUILDING: _____

FIRE: _____ OTHER: _____

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WORKERS' COMPENSATION DECLARATION

I HEREBY AFFIRM UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:

☐ **I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 for duration of any business activities conducted for which this license is issued.**

☐ **I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which the license is issued.**

My workers' compensation carrier and policy number are:

Carrier _____

Policy Number _____

☐ **I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700**

Name: _____ **Address:** _____

_____

Signature: _____ **Date:** _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO $100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

"Together We Can"