BUSINESS LICENSE APPLICATION

CITY OF HERCULES
111 CIVIC DRIVE
HERCULES, CA 94547
(510) 799-8200

☐ New ☐ Renewal ☐ Inactive

BUSINESS INFORMATION:

Business Name: _____

Job Site: _____
(if home based Admin Use Permit required)

Address:_____
(P.O. boxes are not acceptable this includes mailbox stores)

City:_____ **State:**_____ **Zip:**_____

Business Phone:_____ **Date Business Began or will:**_____

Email:_____ _____

Type of Business

☐ Retail ☐ Manufacturer ☐ Subcontractor/Contractor
☐ Wholesale ☐ Professional ☐ Solicitor
☐ Service ☐ Other_____

NO LICENSE SHALL BE ISSUED PURSUANT TO PROVISIONS OF SECTION 8-6.103, ORDINANCE 415, AUTHORIZING THE CONDUCT OR CONTINUENCE OF ANY BUSINESS WHICH VIOLATES STATE OR FEDERAL LAW.

OWNERSHIP INFORMATION

Name of Owner:
_____

Residence Address:_____
(P.O. boxes are not acceptable, this includes mailbox stores)

City:_____ **State:**_____ **Zip:**_____

Residence Phone: **Email:**_____
_____

Type of Ownership: ☐ Sole Ownership ☑ Partnership ☐ Corporation

Federal I.D. or Soc. Security No._____ **Resale No.**_____

Contractor's License No._____**Class**_____**State**_____**Exp. Date**_____

Worker's Compensations Carrier **Policy No.** **Exp. Date**

_____ _____ _____

Other Licenses, Certificates, or Degrees?_____

GENERAL INFORMATION

		Circle One	
1.	Will your business handle chemical and/or hazardous materials?	YES	NO
2.	Will this be a home based occupation?	YES	NO
3.	**(FOR OFFICE USE ONLY)** Planning Permit No. _____ Approved / Denied (initials) _____		
4.	Is this a non-profit, charitable or religious organization?	YES	NO
5.	What are your MONTHLY gross receipts **(or expected)** in the City of Hercules?	$_____	

ANSWERS TO ALL OF THE ABOVE QUESTIONS ARE NECESSARY TO DETERMINE IF YOU NEED TO COMPLETE ADDITIONAL FORMS AS WELL AS ESTABLISH A BASE LICENSE FEE. THE APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED TO YOUR BEST ABILITY. SEE OTHER SIDE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE BUSINESS LICENSE DEPT 510-245-6523

Give a brief description of your business activity:

_____

_____

_____

ALL NEW AND ACTIVE BUSINESSES MUST ACKNOWLEDGE A OR B. ALL INACTIVE BUSINESSES MUST ACKNOWLEDGE C.

A. I hereby certify under penalty of perjury that all the information provided herein is true and that this business will not handle or store chemical or hazardous waste materials.

_____ _____

Date: **Signature**

B. I hereby certify under penalty of perjury that all the information provided herein is true and that this business is licensed and qualified to handle chemical or hazardous waste materials.

_____ _____

Date: **Signature**

C. I hereby certify under penalty of perjury that this business is no longer conducting business (for profit or in any other capacity) in the City of Hercules.

_____ _____

Date: **Signature**

THIS APPLICATION IS SUBJECT TO APPROVAL OF ANY DEPARTMENT IN THE CITY DIRECTLY OR INDIRECTLY AFFECTED BY THE BUSINESS REPRESENTED ON THIS APPLICATION.

FOR OFFICE USE ONLY

(APPROVE) (DISAPPROVE) _____ _____

PLANNING DEPARTMENT **DATE**

(APPROVE) (DISAPPROVE) _____ _____

INSPECTION DEPARTMENT **DATE**