



CITY OF HURON

Post Office Box 339

Phone 945-2241

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____
BUSINESS STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE NO: _____
OWNER OF PROPERTY: _____ APN# _____
OWNERS OF BUSINESS: _____

TYPE OF BUSINESS AND ACTIVITIES TO BE CONDUCTED: _____

ESTIMATE OR ACTUAL GROSS SALES \$ _____
COMPLETE ALL OF THE INFORMATION THAT APPLIES:
OWNER OR MANAGER: _____

Home Address	Bus. Phone	Home Phone
_____	_____	_____
Name	Address	Phone No.
_____	_____	_____

STATE CONTRACTOR'S NO. _____
WORKER'S COMP NO. _____
OWNER/MANAGER DRIVER'S LIC. NO. _____
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? _____
NUMBERS OF: WASHERS _____ DRYERS _____ BARBER CHAIRS _____
BEAUTY OPERATORS _____ BILLIARD TABLES _____ CARD TABLES _____
CARD DEALERS _____ MOTEL/HOTEL ROOMS _____ APT. UNITS _____
VENDING MACHINES _____ 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.

Date: _____ Signature _____

Business Position _____

ZONING: _____ GENERAL PLAN: _____

PLANNING: _____ BUILDING: _____

FIRE: _____ OTHER: _____

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 the 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 this license is issued.

My workers' compensation insurance 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 _____ Date _____

Address _____ Signature _____

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.