



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 _____

EMERGENCY CONTACT: _____

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.