



CITY OF HANFORD – Finance Department

315 N. Douty St., Hanford CA 93230
tel: 559-585-2512, fax: 559-582-1152

Please Check One

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF LOCATION

BUSINESS LICENSE APPLICATION

APPLICATION MUST BE COMPLETED AND SIGNED BEFORE LICENSE CAN BE ISSUED, ALONG WITH ALL FEES PAID.

Business Name (please print-30 characters max)			
Business Address		Mailing Address	
City, State Zip		City State Zip	
Business Phone		Email:	
Describe the Profession or Business (20 characters max)			
License Start Date	____/____/____	OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Corporation	
GENERAL INFORMATION (Check all that apply)			
<input type="checkbox"/> Adult Oriented Business <input type="checkbox"/> Cannabis <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Massage Services <input type="checkbox"/> Explosives/Ammunition		<input type="checkbox"/> Restaurant/Fast Food/Convenience Store <input type="checkbox"/> Sell or Serve Alcohol <input type="checkbox"/> Taxi Service <input type="checkbox"/> Car Wash/Automotive Repair <input type="checkbox"/> Water Filtration/Resale	
<input type="checkbox"/> Floor Drains <input type="checkbox"/> Chemical Processing <input type="checkbox"/> Poisonous/Hazardous/Flammable/Compressed gases, solvents, acids, liquids, or other products. <input type="checkbox"/> Non Domestic Wastewater Discharges			
Is this a home based business? <input type="checkbox"/> YES <input type="checkbox"/> NO		Previous use of this business space?	
Federal Employer ID or Social Security No.		Board of Equalization No.	Contractor's License#

Enter below names of Owners, Partners, or Corporate Officers – Use additional sheets as necessary

Owner Name	Owner 1		Owner 2	
	First	Last	First	Last
Home Address (not PO Box)				
City, State, Zip Code				
Driver's License & DOB	Driver License#-State	D.O.B.	Driver License#-State	D.O.B.
Title & Contact Telephone	Title	Phone	Title	Phone

The issuance or granting of this Business License shall not be construed to be an approval of any conditions required by other regulatory agencies, departments which if not complied with may constitute a violation and may prevent or delay business activities. I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT.

SIGNATURE OF OWNER OR REPRESENTATIVE _____ **DATE:** _____

CITY USE ONLY BELOW THIS LINE

PLANNING AUTHORIZATION (Must be completed prior to issuance)		TO BE COMPLETED BY FINANCE DEPARTMENT	
Zone District		License Period by Quarter	License/Acct:
Home Occupation Permit No.		(1) JAN - MAR	Expiration Date:
Downtown Business District <input type="checkbox"/> YES <input type="checkbox"/> NO		(2) APR - JUN	Application Fee
Route to <input type="checkbox"/> UTILITIES AND ENGINEERING		(3) JUL - SEP	MISC Fee:
<input type="checkbox"/> POLICE		(4) OCT - DEC	License Fee:
<input type="checkbox"/> FIRE			Downtown Fee:
APPROVED BY			State Fee: 4.00
DATE			AMOUNT DUE \$