City of Hughson In Jurisdiction Business License Checklist

Appropriate Zoning / Building Requirements Met	
Before beginning the business license process, make sure the typexisting zoning for your proposed site. Provide the Assessor's Panning Department to check the zoning before starting the prorequired for your site.	rcel Number or street address of the property to the
Contact the City's Building/Planning Department for clarification	n/information. (209) 883-4054
Fictitious Business Name Statement Who needs a fictitious business name statement? Individuals with a business name which does not include the sexistence of an additional owner Partnerships, or other associates aurname of each general partner or a name that suggests exister "Associates", and for limited partnership, any name other than Corporations with a name not stated in its articles of incorporational Contact the Stanislaus County Clerk Recorder for more informations.	iations of persons with a name that does not include the nce of an additional owner, such as "Company" or the name as on file with the Secretary of State tion.
Federal Employer ID Number (if applicable) \Box	Alcoholic Beverage License (if applicable) \Box
Internal Revenue Service 1700 Standiford Avenue Modesto, Ca 209-900-6760 or 1-800-829-1040	Department of Alcoholic Beverage Control 31 E Channel Street – Room 168 Stockton, Ca 209-948-7739
Seller's Permit (if applicable) □	
All businesses selling tangible personal property, at wholesale or Equalization at 800-400-7115 or www.cdtfa.ca.gov. If you are mobranch establishment in Hughson, please be advised that a separalocation.	oving a business from another area, or are opening a
Health Permit (if applicable) \square	Fire Inspection (if applicable) \Box
Approval by the <u>Stanislaus County Health Department</u> is required for any business involved in the handling of food, or for any business that has a pool, spa or jacuzzi for public use.	A fire inspection may be required for your site. Inspections with Stanislaus Consolidated Fire will b requested by the City.
County Health Department 3800 Cornucopia Way Ste C Modesto, Ca 209-525-6700	
*Required with all new business license applicate Supplemental Form for Stormwater Discharge C	



City of Hughson

Business License Application
7018 Pine St. P.O. Box 9, Hughson Ca 95326
Phone: (209) 883-4054 Fax: (209) 883-2638
Email: aplascencia@hughson.org

PLEASE PRINT THE FOLLOWING INFORMATION

Fully describe the business activity: No. of Full-Time Employees:	Business Name:		Business Phone:			
Clist address where each individual consents to receive service of process per AB2 [84, Sec. 16000.1(a)(2)) and 16100.1(a)(2)) Billing Address:	Business Address:	City/State/Zip:	Business Fax:			
Billing Address(If different from business address): Business Email Address: Owner Status: () Sole Proprietorship () Partnership () Corporation () Limited Liability Company Type of Business: () Retail () Service () Wholesale () Construction () Manufacturing () Non-profit () Food Service Fully describe the business activity: Will you be using or storing flammable or bazardous material? Yes / No State Board of Equalization Resale Permit #: Contractor License & Type: Other License #(s) & Type: NOT PUBLIC INFORMATION Name & Title: Name & Title: Phone Number: () Email: SS#/DL# or Other ID: Federal Employer ID #: Is your business located within your home? Yes / No If yes, attach Home Occupation Permit Application (Additional Fee Will Apply) Name of Property Owner: Phone Number: City/State/Zip: Property Owner Signature: Print Name & Title Print Name & Title Date FOR OFFICE USE ONLY Planning/Building Department Approved: Date: Fire Inspection Approved: County Health Department Certificate Attached? Yes / No If yes, what type? Energoy INV- Energoy INV- Energoy INV- Energoy INV- Check / Cash Amount Paid: Date: Check / Cash						
Business Email Address: Owner Status: () Sole Proprietorship () Partnership () Corporation () Limited Liability Company Type of Business: () Retail () Service () Wholesale () Construction () Manufacturing () Non-profit () Food Service Fully describe the business activity: Will you be using or storing flammable or hazardous material? Yes / No State Board of Equalization Resale Permit #: Contractor License & Type: Other License #(s) & Type: NOT PUBLIC INFORMATION OWNER(S) OR OFFICER(S) INFORMATION Name & Title: Phone Number: () Email: SS#/DL # or Other ID: Federal Employer ID #: State Employer ID #: Syour business located within your home? Yes / No If yes, attach Home Occupation Permit Application (Additional Fee Will Apply) Name of Property Owner: Phone Number: City/State/Zip: Property Owner Signature: Property Owner Signature: Property Owner Signature: Print Name & Title Print Name & Title Date FOR OFFICE USE ONLY Planning/Building Department Approved: Date: Fire Inspection Approved: Other Permits Required? Yes / No If yes, what type? Energoy INV- Energoy INV- Energoy INV- Check / Cash Amount Paid: Date: Check / Cash Check / Cash	-	-				
Owner Status: () Sole Proprietorship () Partnership () Construction () Limited Liability Company Type of Business: () Retail () Service () Wholesale () Construction () Manufacturing () Non-profit () Food Service Fully describe the business activity: Will you be using or storing flammable or hazardous material? Yes / No State Board of Equalization Resale Permit #: Contractor License & Type: Other License #(s) & Type: Other License #(s) & Type: Name & Title: Phone Number: ()	•					
Fully describe the business activity: Will you be using or storing flammable or hazardous material? Yes / No State Board of Equalization Resale Permit #: Contractor License & Type: Other License & Type: Other License & Type: Other License & Type: Other License & Type: NOT PUBLIC INFORMATION Name & Title: Name & Title: Phone Number: Email: S\$ #DL # or Other ID: Federal Employer ID #: State Imployer ID #: State Employer ID #: State Employer ID #: State Employer ID #: State Imployer ID #: Syour business located within your home? Yes / No If yes, attach Home Occupation Permit Application (Additional Fee Will Apply) Name of Property Owner: Address: Phone Number: Syour business located within your home? Yes / No If yes, attach Home Occupation Permit Application (Additional Fee Will Apply) Name of Property Owner Signature: Property Owner Signature: Property Owner Signature: Print Name & Title Print Name & Title Date: For OFFICE USE ONLY Planning/Building Department Approved: Date: Fire Inspection Approved: Date: Fire Inspection Approved: Date: County Health Department Certificate Attached? Yes / No Other Permits Required? Yes / N If yes, what type? Energoy INV- Energoy INV- Energoy INV- Check / Cash Amount Paid: Date: Check / Cash						
No. of Full-Time Employees: Will you be using or storing flammable or hazardous material? Yes / No State Board of Equalization Resale Permit #:	Type of Business: () Retail () Service () Wholesale () Construction () Manufacturing () Non-profit () Food Service					
State Board of Equalization Resale Permit #: Contractor License & Type: NOT PUBLIC INFORMATION Name & Title: Phone Number: Property Owner Signature: Property Owner Signature: Property Owner Signature: Print Name & Title Print Name & Title Property Owner Signature: Print Name & Title Print Name & Title Property Owner Signature: Print Name & Title Property Owner California that the foregoing is rine and correct For OFFICE USE ONLY Planning/Building Department Approved: Fire Inspection Approved: BI.#: Amount Paid: Date: Energov INV- Check / Cash Other License #(s) & Type: Not Public Information Not	Fully describe the business activity:					
NOT PUBLIC INFORMATION NOT PUBLIC INFORMATION NOWER(S) OR OFFICER(S) INFORMATION Name & Title: Phone Number: (Will you be using or storing flammable or hazardous material? Ye	s / No	No. of Full-Time Employees:			
NOT PUBLIC INFORMATION Name & Title: Phone Number: (State Board of Equalization Resale Permit #:					
Name & Title:	Contractor License & Type:	Other Lice	nse #(s) & Type:			
Phone Number: Flore is state		3.7 0 001.1	NOT PUBLIC INFORMATION			
Email:	Name & Title:	Name & Title:				
SS #/DL # or Other ID: Federal Employer ID #: State Employer ID #: State Employer ID #: State Employer ID #: Is your business located within your home? Yes / No	Fmail:	Fmail:				
Federal Employer ID #: State In It In It	SS #/DL # or Other ID:	SS#/DL # or Other ID:				
State Employer ID #:	Federal Employer ID #: -	Federal Employer ID #:	-			
Name of Property Owner: Address:	State Employer ID #:	State Employer ID #:				
Phone Number: City/State/Zip: *Please attach a copy of the lease agreement I have read and understand the provisions of the City of Hughson's Municipal Code Section 5.04.010 - 5.04.200. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature Print Name & Title Date FOR OFFICE USE ONLY Planning/Building Department Approved: Date: Fire Inspection Approved: Date: County Health Department Certificate Attached? Yes / No Other Permits Required? Yes / No Checklist attached? Yes / No If yes, what type? BL#: Check / Cash Amount Paid: Date: Check / Cash	Is your business located within your home? Yes / No If you	es, attach Home Occupation Permit Ap	plication (Additional Fee Will Apply)			
Property Owner Signature:	Name of Property Owner:	Address:				
Thave read and understand the provisions of the City of Hughson's Municipal Code Section 5.04.200. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Print Name & Title	Phone Number:	City/State/Zip:				
California that the foregoing is true and correct. Print Name & Title	Property Owner Signature:	*Please attach	a copy of the lease agreement			
Planning/Building Department Approved:						
Planning/Building Department Approved:	Signature Print No.	ame & Title	Date			
Fire Inspection Approved: Date: County Health Department Certificate Attached? Yes / No Other Permits Required? Yes / No Checklist attached? Yes / No If yes, what type? BL#: Check / Cash Amount Paid: Date:						
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Checklist attached? Yes / No						
BL#: Energov INV Check / Cash Amount Paid: Date:						
BL#: Check / Cash Amount Paid: Date:	Checklist attached? Yes / No	If yes, what type?				
Amount Paid: Date:	DI #.	Energov INV				
Amount Paid: Date:		Check / Cash				
Check #:	Amount Paid: Date:					
		Check #:				



CITY OF HUGHSON BUSINESS LICENSE

Supplemental Form for Stormwater Discharge Compliance Senate Bill No. 205

Compliance with SB 205 does not affect all businesses. Only those businesses with primary Standard Industrial Classification (SIC) codes that are identified by the State Water Board as requiring enrollment in the Industrial General Permit (IGP) are affected. The Form below will guide you and the City in determining if your business requires enrollment in the IGP.

Completion and submission of this form is required with business license renewals and new business license

app	lications.	o una non baom	
1	List the physical address for entity or location conducting business. A separate SB205 compliance form is required for each business and location.		
2	For business locations outside of the city limits of Hughson, provide location where business is physically based.		
3	Provide the primary Standard Industrial Classification (SIC) code for the business type at this location. Look up code(s) at the website below and write the code(s) in the box to the right: https://www.osha.gov/data/sic-search To find the code, search by keyword(s). Example: "metal recycling" OR request the SIC code from your insurance broker.		
4	Do any of the primary SIC codes from question #3 above match any of the regulated SIC codes listed on the Water Board "Attachment A" attached?	Circle (One NO
5	If you answered NO to question #4, complete and sign the next page and return this form with your business license application/renewal. Nothing more for compliance with SB 205 is required of the business at this time.		
6	If you answered YES to question #4 above, has the business already obtained an Industrial NPDES Permit?	Circle (One NO
7	If you answered YES to question #6 above, provide the requested information regarding the existing Industrial NPDES Permit in the box to the right. Complete, sign the next page, and return this form along with a copy of the approved permit with your business license application/renewal. Providing the required documentation ensures that your business is in compliance with SB 205.	WDID # WDID Application # _ NEC ID # NONA ID #	
8	If you answered NO in question #6 above, you need to enroll under the Stormwater Industrial General Permit (IGP). Once you have received an approved permit you MUST provide the City with a copy of the approved permit and permit number(s) as described in question #7.		
	Fill out, sign, and return this SB 205 Compliance Form with your business license application/renewal now to indicate you are working towards getting the approved permit. Start the process of obtaining the Industrial General Permit by contacting the State or Regional Water Board at the information listed on the next page. The City will issue a 3-month provisional business license while you obtain the IGP and report the permit number(s) to the City.		

Declaration I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge. Print Name: Signature: Date: _____ Title: Business Name: _____ Business License No. (if applicable): Email: ____ Phone Number: _____ For guidance on how to apply for coverage under the Stormwater Industrial General Permit, contact the State Water Board or local Regional Board. State Water Board Contact: Website: www.waterboards.ca.gov Email: stormwater@waterboards.ca.gov Phone: 1-866-563-3107 Region 5 Central Valley Regional Water Board – Sacramento Office Contact: Website: www.waterboards.ca.gov/centralvalley/ Email: jenna.yang@waterboards.ca.gov Phone: 1-866-563-3107 FOR OFFICE USE ONLY Received By: _____ Verified By: _____ Date Received: _____ Date Verified:

Issued BL No.

Permit Not Applicable

☐ Valid NEC ID

Provisional License Exp Date: _____

If applicable

Valid WDID Valid WDID Application

☐ Valid NONA ID

ATTACHMENT A

FACILITIES COVERED BY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES (GENERAL PERMIT)

Facilities Subject To Storm Water Effluent Limitations
 Guidelines, New Source Performance Standards, or
 Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N

 (Subchapter N):

Cement Manufacturing (40 C.F.R. Part 411); Feedlots (40 C.F.R. Part 412); Fertilizer Manufacturing (40 C.F.R. Part 418); Petroleum Refining (40 C.F.R. Part 419), Phosphate Manufacturing (40 C.F.R. Part 422), Steam Electric (40 C.F.R. Part 423), Coal Mining (40 C.F.R. Part 434), Mineral Mining and Processing (40 C.F.R. Part 436), Ore Mining and Dressing (40 C.F.R. Part 440), Asphalt Emulsion (40 C.F.R. Part 443), Landfills (40 C.F.R. Part 445), and Airport Deicing (40 C.F.R. Part 449).

2. Manufacturing Facilities:

Facilities with Standard Industrial Classifications (SICs) 20XX through 39XX, 4221 through 4225. (This category combines categories 2 and 10 of the previous general permit.)

3. Oil and Gas/Mining Facilities:

Facilities classified as SICs 10XX through 14XX, including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 Code of Federal Regulations. 434.11(1) because the performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Acts authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator. Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction. beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim.

4. <u>Hazardous Waste Treatment, Storage, or Disposal</u> Facilities:

Hazardous waste treatment, storage, or disposal facilities, including any facility operating under interim

status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act.

5. Landfills, Land Application Sites, and Open Dumps:

Landfills, land application sites, and open dumps that receive or have received industrial waste from any facility within any other category of this Attachment; including facilities subject to regulation under Subtitle D of the Federal Resource, Conservation, and Recovery Act, and facilities that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance).

6. Recycling Facilities:

Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093.

7. Steam Electric Power Generating Facilities:

Any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.

8. Transportation Facilities:

Facilities with SICs 40XX through 45XX (except 4221-25) and 5171 with vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified under this Permit as associated with industrial activity.

9. Sewage or Wastewater Treatment Works:

Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge, that are located within the confines of the facility, with a design flow of one million gallons per day or more, or required to have an approved pretreatment program under 40 Code of Federal Regulations part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.