



County of San Benito

Business Support Center

Phone: 831-233-6550 • F.A.X: (909) 348-0465

Mail Address: 8839 N Cedar Ave #212 • Fresno, California 93720

Apply Online Today At: <https://sanbenitocounty.hdlgov.com>

OFFICIAL USE ONLY

Business License No. _____

Expiration Date _____

NAIC Code _____

License Fee \$ _____

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ Bus. Start Date _____

Corporate Name (if applicable) _____ New Application Change Home Occupation

Business Location _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
 Business Cell Home Business Cell Home

Primary Phone No. _____ Alt No. _____

Mailing Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Description of Business _____ STREET _____

Email Address _____ Federal ID No. _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____ Social Security No. _____

Home Address (Cannot be P.O. Box) _____ Phone No. _____
Other ID No. _____

2nd Owner Name _____ Title _____ Social Security No. _____

Home Address (Cannot be P.O. Box) _____ Phone No. _____
Other ID No. _____

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ Title _____

Address _____ Phone No. _____

Cell Phone No. _____

- Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form .

CONTRACTORS - This section is required for all contractors.

Contractor's State License Number _____ Expiration Date _____

Please provide the number of employees working within the County of San Benito.

No. of Full Time Employees

No. of Part Time Employees

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT

I acknowledge that the County of San Benito's issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the County of San Benito's issuance of a Business License does not waive the County of San Benito's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby declare under the penalty of perjury that to the best of my knowledge and belief the statements made on this application are true and correct.

SIGNATURE _____

PRINT NAME _____

Title _____ Application Date _____

Thank you for doing business in the County of San Benito

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.ccda.ca.gov.

RETURN APPLICATION BY MAIL TO:
County of San Benito - Business Licensing
8839 N. Cedar Ave @212
Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY E-MAIL TO:
Support@HdLGov.com

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address