



County of Humboldt
Special Business License Application

Business License # _____

Humboldt County Treasurer-Tax Collector
825 5th Street, Room 125
Eureka, CA, 95501-1100
Website: <http://humboldtgov.org/tax>
Phone: (707) 476-2450

Please Print & Complete All Questions on this Form

This application will be submitted to the following County Departments for approval:
Sheriff Environmental Health (food and/or drink)

A license will not be issued without the approval of those applicable departments.

Date: _____ **Parcel Number:** _____

Business Name: _____

Contact Name: _____

Business Location Address: _____

City/State/Zip: _____

Business Mailing Address: _____

City/State/Zip: _____

Business Telephone: _____

Business Website _____

APPLICATION & LICENSE FEE

Annual Fee.....\$30.00
Application Fee.....\$40.00
SB1186 State Disability.....\$ 4.00

Total Due \$74.00

If Food/Drink Involved:

Environmental Health.....\$101.00

Total Due \$175.00

Fees are Non-Refundable

Please Make checks payable to:
Humboldt County Tax Collector

#1. Owner ___ Manager ___ Contact ___ Operator ___ Other _____

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

#2. Owner ___ Manager ___ Contact ___ Operator ___ Other _____

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Business Description: _____

1. Are you a contracted County Vendor? Yes [] No []

2. Does this business involve the sale, transport or manufacture of food? [] Yes / [] No

If yes, describe: _____

3. Are you a veteran? [] Yes / [] No *If yes, contact the Tax Collector's office to determine if you qualify for exemptions.*

As per the "Nuclear Free Humboldt County Ordinance" passed by the electorate on November 8, 1988, please answer the following question:

Is the proposed building or structure designed to be used for designing, producing, launching, maintaining, or storing nuclear weapons or the components of nuclear weapons? [] Yes / [] No

*Sales or use tax may apply to your business activities.
For information, contact the State Board of Equalization Office.
(1-800-400-7115)*

Applicant Signature: _____ Date: _____

Signing this application acknowledges potential regulatory and the intent of the applicant to comply.

Paid Cash/Check/Money Order/Card \$ _____ **Date:** _____ **Processed By:** _____