



Online Filing: Coming Soon!

Remit To: City of Hercules • c/o MuniServices, LLC • 438 East Shaw Ave Box 367 • Fresno, CA 93710  
Toll Free Phone: (866) 240-3665 • Fax: (855) 219-4338 • Email: [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com)

MuniServices Account #: \_\_\_\_\_ License Year: 20 \_\_\_\_\_  
Business Name \_\_\_\_\_ Location Address \_\_\_\_\_  
DBA \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Description: 3.08 EXEMPT

Section 1 – Workman’s Comp Information - Required

Does your business currently employ individuals working in the City of Hercules?  Yes  No

Workman’s Comp Carrier \_\_\_\_\_ WC Policy # \_\_\_\_\_ WC Exp Date: \_\_\_\_\_

Check here if you are exempt from the worker’s compensation requirement. By doing so, you are certifying under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate.

Section 2 – Instructions for Renewing Your Business License

Our records indicate that you renewed previously as an Exempt Business for the City of Hercules. Any business activity or operation meeting the requirements and definitions of exemption status under the City of Hercules Municipal Code shall be exempt for business license fees.

If your exempt status has changed, please contact the Business License Department toll free at (866) 240-3665 or [bizlicensesupport@muniservices.com](mailto:bizlicensesupport@muniservices.com) for a new application.

1. Please review and make any corrections necessary to the mailing/physical locations for your business that are provided at the top of this form.
2. Sign and date the bottom of the form.
3. Return this form, along with the required **\$4.00 CASp Fee**, to MuniServices on or before January 31<sup>st</sup> of the license year. (Make payable to: Tax Trust Account)
4. You must also enclose a copy of your IRS 501(c) form each year, providing proof of exemption. Failure to provide proof of your current IRS exempt status will delay the issuance of your business license.
5. Remit to:  
City of Hercules  
c/o MuniServices, LLC  
438 East Shaw Ave Box 367  
Fresno, CA 93710

Section 3 – Chemical or Hazardous Waste Materials

Select One:

- This business WILL NOT handle or store chemical or hazardous waste materials.  
 This business IS LICENSED AND QUALIFIED to handle chemical or hazardous waste materials.

Section 4 – Sworn Statement

I acknowledge that the City of Hercules’ 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 City of Hercules’ issuance of a Business License does not waive the City of Hercules’ right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by MuniServices, LLC due to insufficient funds will be electronically represented to the presenters’ bank no more than two times in an effort to obtain payment. MuniServices, LLC is not responsible for any additional bank fees that will accrue due to the submission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).