



# CITY OF CLOVIS

CITY HALL • 1033 FIFTH STREET • CLOVIS, CA 93612

## APPLICATION FOR 1-DAY or SPECIAL EVENT BUSINESS LICENSE

APPLICANT NAME: \_\_\_\_\_ DRIVER'S LIC #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE #'S: \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

NAME OF SPONSORING ORGANIZATION OR BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE #: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OR LOCATION OF EVENT: \_\_\_\_\_

DATES FOR WHICH LICENSE IS REQUIRED: \_\_\_\_\_

**NOTE:** IT IS UNDERSTOOD THAT THE ISSUANCE OF A LICENSE DOES NOT EXEMPT YOU FROM COMPLYING WITH ANY/ALL APPLICABLE STATE LAW OR CITY CODE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY THE CITY

BUSINESS LICENSE #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

FEE: \$ 29.00 DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_