



BUSINESS LICENSE APPLICATION

Business License Department
1033 Fifth Street • Clovis, CA 93612
(559) 324-2112
www.ci.clovis.ca.us

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

Reactivate

Please type or print. Make changes in printed information where necessary.

Business Name _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5) Unless Home Based

Mailing Address _____

Phone No. _____ Fax No. _____

Description of Business _____

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

Sales tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest California State Board of Equalization office.

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

EDD No. _____

State Lic. No. _____

State Lic. Classification _____

Email Address _____

Is your business located in the City of Clovis
Yes No

If yes, is this a home based business?
Yes No

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

1st Owner Name _____ Title _____ Driver Lic. No. _____

Home Address _____ DL Expire Date _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell _____ Email Address _____

2nd Owner Name _____ Title _____ Driver Lic. No. _____

Home Address _____ DL Expire Date _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell _____ Email Address _____

In case of emergency, please contact (attach additional sheet, if necessary) **REQUIRED FIELDS**

Contact Name _____ Phone No. _____

Address _____ Cell/Pager No. _____

Enter below the Property Management / Alarm Company **CITY LOCATION ONLY**

Property Management _____ Phone No. _____

Address _____

Alarm Company _____ Phone No. _____

Address _____

General Information

Yes <input type="checkbox"/> No <input type="checkbox"/> Adult-Oriented Business	Yes <input type="checkbox"/> No <input type="checkbox"/> Church	Yes <input type="checkbox"/> No <input type="checkbox"/> Hotel/ Motel	Yes <input type="checkbox"/> No <input type="checkbox"/> Retail
<input type="checkbox"/> Auto Sales	<input type="checkbox"/> Daycare Facility	<input type="checkbox"/> Manufacturing/ R&D	<input type="checkbox"/> Self Storage
<input type="checkbox"/> Auto Body Repair	<input type="checkbox"/> Day Spa	<input type="checkbox"/> Massage Establishment	<input type="checkbox"/> Tattoo Parlor
<input type="checkbox"/> Beauty Salon/ Barber	<input type="checkbox"/> Food/ Liquor Market	<input type="checkbox"/> Medical/ Dental	<input type="checkbox"/> Vocational School
<input type="checkbox"/> Booth Rental	<input type="checkbox"/> Group Care Facility	<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Business Office	<input type="checkbox"/> Health Club	<input type="checkbox"/> Restaurant/ Fast Food	<input type="checkbox"/> Wholesale

Gross receipts directly attributable to your Clovis business activities last year or if new business estimated annual sales for next year. \$ _____

Square Footage _____ Truck Loading Spaces _____

On-Site Parking Spaces _____ Total Number of Employees _____

Previous business use of this space* _____

When did the business close? _____

*Please contact the leasing agent/ property manager to determine prior tenant's use and date vacated.

Are there other businesses currently operating at this location? Yes No

Other information you would like to provide: _____

Please Check ALL That Apply:

Sell Tobacco Products/ Paraphernalia

Serve or Sell Alcohol

Gaming

Massage Services

Entertainment Services

Other _____

Type of Business _____

Hours of Operation _____

CITY USE ONLY	APPROVALS	FEES
CATEGORY _____	PLANNING _____	License Fee _____
BUS. LIC # _____	BY _____ DATE _____	PBIA Fee _____
ZONE _____	FIRE _____	CASp Fee \$ 4.00
APN _____	BY _____ DATE _____	Total Amount Due _____
PBIA AREA _____	BUILDING _____	
DATE APPLIED _____	BY _____ DATE _____	
DATE APPROVED _____	POLICE _____	
ENTERED BY _____	BY _____ DATE _____	

The issuance or granting of this Business License shall not be construed to be an approval of any conditions required by other regulatory agencies or departments which if not complied with may constitute a violation and may prevent or delay business activities.

I declare, under penalty of perjury, that the information in this application is true and correct.

Print Name _____ Title: _____

Signature of Owner or Representative: _____ Date: _____

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/Home.aspx
The Department of Rehabilitation at www.rehab.ca.gov
The California Commission on Disability Access at www.cdda.ca.gov

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CLOVIS.