



UPDATE: Change of Address [] Name Change [] General Info []
City of Clovis

BUSINESS LICENSE APPLICATION
City Hall – 1033 Fifth Street – Clovis, CA 93612 – (559) 324-2112

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BUSINESS NAME (include DBA) _____ **BUSINESS TELEPHONE NUMBER** _____

BUSINESS LOCATION (physical address)
Address _____ City _____ State _____ Zip _____

BUSINESS OWNER / OFFICER INFORMATION

Name of Owner/Officer _____	Name of Owner/Officer _____
Title _____	Title _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Telephone Number _____	Home Telephone Number _____
Driver License No. _____ State _____ Exp. _____	Drivers License No. _____ State _____ Exp. _____
Email _____	Email _____
Emergency / Alternate Contact Name _____	Contact Telephone Number _____

The Planning, Building, Police and Fire Departments review all business license applications to ensure the proposed use is consistent with the established zoning, building, police and fire regulations, and the policies of the City of Clovis.
It is your responsibility to check with City staff to determine if your use is permitted in that location, and if additional permits or documentation may be required, prior to opening for business and prior to signing a lease or committing your business to a certain location.
If any tenant improvements will be constructed please supply detailed drawings to scale and contact the Building and Fire Departments with questions.

BRIEF DESCRIPTION OF BUSINESS

Business Start Date in Clovis: Mo ___ Day ___ Yr ___ Type of Business: _____
Days and Hours of Operation: _____ Number of Employees: _____
 Sole Proprietor Partnership Corporation LLC Non-Profit Other (specify) _____
Is this a Home Occupation? Yes* No If business is home-based, will customers come to your home? Yes* No N/A
*If work is to be performed out of a residential location, or you use your residence as your business address, a completed Home Occupation permit application must accompany this form.
Is any portion of your business available only to individuals over 18 years of age (including sales, manufacturing or handling)? Yes No
Current Year Estimated Gross Receipts in Clovis \$ _____ Requested End Date if Temp Work: _____

BILLING INFORMATION	TAX INFORMATION
Mailing Address _____	Federal Tax I.D. _____
City _____ State _____ Zip _____	State Tax I.D. _____
Contact Name _____	State Resale No. _____
Telephone Number _____	State License No. _____
Fax Number _____	License Expiration _____ License Type _____

CITY OF CLOVIS (Office Use Only)

Business License Class _____ Date Entered _____ Entered By _____ Zone _____ APN _____
PBIA Area 100% 50% No PBIA Fees \$ _____ License Fees \$ _____

Planning _____ Date _____ Building _____ Date _____ Police _____ Date _____ Fire _____ Date _____

