



BUSINESS LICENSE APPLICATION

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

<i>Please Check One</i>	
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Change of Owner
<input type="checkbox"/>	Change of Address
<input type="checkbox"/>	Change of Business Name
<input type="checkbox"/>	Reactivate

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

Business Name _____ Corporate Name _____ <small>(if applicable)</small> Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5) Unless Home Based</small> Mailing Address _____ Phone No. _____ Fax No. _____ Description of Business _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, is this a home based business? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 _____
<small>(Cannot be P.O. Box)</small>		
Home Phone No. _____	Cell _____	
2nd Owner Name _____	Title _____	Driver Lic. No. _____
Home Address _____		DL Expire Date _____
<small>(Cannot be P.O. Box)</small>		
Home Phone No. _____	Cell _____	

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Adult-Oriented Business	<input type="checkbox"/> Church	<input type="checkbox"/> Hotel/ Motel	<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? _____ <small>*Please contact the leasing agent/ property manager to determine prior tenant's use and date vacated.</small> Are there other businesses currently operating at this location? Yes <input type="checkbox"/> No <input type="checkbox"/> Other information you would like to provide: _____	Please Check ALL That Apply: <input type="checkbox"/> Sell Tobacco Products/ Paraphernalia <input type="checkbox"/> Serve or Sell Alcohol <input type="checkbox"/> Gaming <input type="checkbox"/> Massage Services <input type="checkbox"/> Entertainment Services <input type="checkbox"/> Other _____ Type of Business _____ Hours of Operation _____
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CITY USE ONLY CATEGORY _____ BUS. LIC # _____ ZONE _____ APN _____ PBIAAREA _____ DATE APPLIED _____ DATE APPROVED _____ ENTERED BY _____	APPROVALS PLANNING _____ BY _____ DATE _____ FIRE _____ BY _____ DATE _____ BUILDING _____ BY _____ DATE _____ POLICE _____ BY _____ DATE _____	FEES License Fee _____ PBIA Fee _____ SB 1186 Fee \$ 1.00 Total Amount Due _____
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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.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov .
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RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CLOVIS