



# CITY of CLOVIS

1033 FIFTH STREET • CLOVIS, CA 93612

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

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

ADDRESS: \_\_\_\_\_  
STREET CITY ST ZIP

PHONE: \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work

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

ADDRESS: \_\_\_\_\_  
STREET CITY ST 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 of Clovis

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

FEE: \$29.50 DATE PAID: \_\_\_\_\_ RECEIPT # \_\_\_\_\_