



City of Clovis BUSINESS LICENSE APPLICATION

City Hall - 1033 Fifth Street - Clovis, CA 93612 - (559) 324-2112

Please PRINT or TYPE

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. _____ Exp. _____		Driver License No. _____ Exp. _____	
Email _____		Email _____	
Contact info of responsible party: _____			
DESCRIPTION OF BUSINESS			
Business Start Date in Clovis: Mo _____ Day _____ Year _____		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
Is this a Home Occupation? Yes* No		Type of Business: _____	
*Note to applicant: If work is to be performed out of a residential location, a completed home occupation permit application must accompany this form.			
Is any portion of your business related to adult - oriented use or material (including sales, manufacturing or handling)? Yes No			
Current Year Estimated Gross Receipts in Clovis \$ _____		Requested End Date: _____	
BILLING INFORMATION		TAX INFORMATION	
Mailing Address _____		Federal Tax I.D. _____	
City _____ State _____ Zip _____		State Tax I.D. _____	
Telephone Number _____		State Sales Tax I.D. _____	
		State License No. _____	
Initial <input type="checkbox"/> I acknowledge that the issuance of a Business License does not exempt me from the requirements of any applicable City, County or State law.		Initial <input type="checkbox"/> I acknowledge receipt of supplemental information identified as exhibit "A".	

Confidential Information - DO NOT RELEASE

BUSINESS NAME:

DATE:

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative of this business. I understand that this application does not license me to operate until I have fulfilled all requirements of the Clovis Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

Signature _____ Date _____

Print Name _____ Title _____

APPROVAL OF BUSINESS LICENSE ISSUANCE (for office use only)			
Zone _____		APN _____	
Planning Department _____		Date _____	
Building Department _____		Date _____	
Fire Department _____		Date _____	
Other Department _____		Date _____	
Business License Code _____	Date Entered _____	Fees \$ _____	

OVER



City of Clovis

BUSINESS LICENSE APPLICATION

Please draw a basic footprint of your building. Include dimensions, exit doors, bathrooms and estimated square feet.

DESCRIPTION OF BUSINESS

Square footage of leased? # on-site parking spaces? Truck loading spaces?

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

What was the previous business of this space?

When did it close?

Are there other businesses currently operating at this location besides your business?

Any other information you wish to provide about your business?

The Planning/Fire Departments review all business license applications to ensure that the proposed use is consistent with the established zoning regulations and policies of Clovis. Please check with us prior to signing a lease or committing your business to a certain location to determine if your use is permitted in that zone, and what additional permits or documentation may be required prior to the issuance of a business license.

Check all of the following categories that applies to your business.

- Retail
- Auto Sales
- Self Storage
- Adult-Oriented Business
- Day Care Facility
- Autobody Repair
- Warehouse
- Massage Establishment
- Medical/Dental Office
- Other _____
- Manufacturing/R&D
- Healthclub/Day Spa
- Restaurant
- Business Office
- Beauty Salon
- Food/Liquor Market
- Church
- Group Care Facility
- Tattoo Parlor
- Hotel/Motel
- Wholesale
- Vocational School

Will tobacco products and/or tobacco paraphernalia be sold? Yes No

Will alcohol be served or sold? Yes No

Will massage service be offered? Yes No

Will entertainment be provided? Yes No

Days/Hours of operation for your business? # of employees?

Please write a detailed narrative explaining your business plan. Include the type of product you have and quantity amounts including storage.