



**BUSINESS REGISTRATION & TAX CERTIFICATE APPLICATION**

Business Registration 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.

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.

**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

**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**

<input type="checkbox"/> <input type="checkbox"/> Adult-Oriented Business	<input type="checkbox"/> <input type="checkbox"/> Church	<input type="checkbox"/> <input type="checkbox"/> Hotel/ Motel	<input type="checkbox"/> <input type="checkbox"/> Retail
<input type="checkbox"/> <input type="checkbox"/> Auto Sales	<input type="checkbox"/> <input type="checkbox"/> Daycare Facility	<input type="checkbox"/> <input type="checkbox"/> Manufacturing/ R&D	<input type="checkbox"/> <input type="checkbox"/> Self Storage
<input type="checkbox"/> <input type="checkbox"/> Auto Body Repair	<input type="checkbox"/> <input type="checkbox"/> Day Spa	<input type="checkbox"/> <input type="checkbox"/> Massage Establishment	<input type="checkbox"/> <input type="checkbox"/> Tattoo Parlor
<input type="checkbox"/> <input type="checkbox"/> Beauty Salon/ Barber	<input type="checkbox"/> <input type="checkbox"/> Food/ Liquor Market	<input type="checkbox"/> <input type="checkbox"/> Medical/ Dental	<input type="checkbox"/> <input type="checkbox"/> Vocational School
<input type="checkbox"/> <input type="checkbox"/> Booth Rental	<input type="checkbox"/> <input type="checkbox"/> Group Care Facility	<input type="checkbox"/> <input type="checkbox"/> Property Rentals	<input type="checkbox"/> <input type="checkbox"/> Warehouse
<input type="checkbox"/> <input type="checkbox"/> Business Office	<input type="checkbox"/> <input type="checkbox"/> Health Club	<input type="checkbox"/> <input type="checkbox"/> Restaurant/ Fast Food	<input type="checkbox"/> <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**

CATEGORY \_\_\_\_\_

TAX CERT. # \_\_\_\_\_

ZONE \_\_\_\_\_

APN \_\_\_\_\_

PBIA AREA \_\_\_\_\_

DATE APPLIED \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

ENTERED BY \_\_\_\_\_

**APPROVALS**

PLANNING \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

FIRE \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

POLICE \_\_\_\_\_  
BY \_\_\_\_\_ DATE \_\_\_\_\_

**FEES**

Registration Fee \_\_\_\_\_

PBIA Fee \_\_\_\_\_

CASp Fee \$ 4.00

Total Amount Due \_\_\_\_\_

The issuance or granting of this Business Registration and Tax Certificate 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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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