



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 STATE ZIP

PHONE #'S: _____ HOME _____ CELL _____ WORK _____

NAME OF SPONSORING ORGANIZATION OR BUSINESS: _____

ADDRESS: _____
STREET CITY STATE 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 BUSINESS REGISTRATION DOES NOT EXEMPT YOU FROM COMPLYING WITH ANY/ALL APPLICABLE STATE LAW OR CITY CODE.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE CITY

BUSINESS REGISTRATION #: _____ RECEIVED BY: _____ DATE PAID: _____

AMT: 1 Day: \$31.00 2+ Days: \$52.00 RECEIPT #: _____