



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.

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

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 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)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form

1st Owner Name _____ Title _____ Driver Lic. No. _____
Home Address _____ ITIN/Other ID No. _____
(Cannot be P.O. Box) DL Expire Date _____
Home Phone No. _____ Cell _____ Email Address _____
2nd Owner Name _____ Title _____ Driver Lic. No. _____
Home Address _____ ITIN/Other ID No. _____
(Cannot be P.O. Box) DL Expire Date _____
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 _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

