	BUSINESS REGISTRATION & TAX CERTIFICATE APPL Business Registration Department 1033 Fifth Street • Clovis, CA 93612 (559) 324-2112 www.ci.clovis.ca.us	ICATION	Please Check One New Application Change of Owner Change of Address Change of Business Name Reactivate
Please type or print	t. Make changes in printed information where necessary.		pply to your business activities.
Business Name		You may seek application of tax writing to the ne	written advice regarding the to your particular business by arest California State Board of
Corporate Name (if applicable)		Equalization office	
(IT applicable) Business Locatio	on		
BNO 11000	(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5) Unless Home Based	Resale No.	
		EDD No.	
Mailing Address		State Lic. No.	
			sification
Phone No.	Fax No		sification
Description of		Email Address Is vour busines Yes	ss located in the Citv of Clov
Business Ownership ^{Corp}	poration Corp-Ltd Liability Partnership Sole Proprietor Non-Profit	lf yes, is this a Yes	home based business? No
Enter below names	of Owners, Partners, or Corporate Officers (attach additional sheet, if ne	ecessary)	
accordance wit	you may protect your residential address by providing a diffect th Sections 16000.1(a)(2) and 16100.1(a)(2) of the Busines the section on the bottom of this form		
1st Owner Name	Title	Driver Lic. No	D
Home Address		ITIN/Other ID	No
(Cannot be P.O. Box)		DL Expire Da	te
Home Phone No.	Cell		s
2nd Owner Name	e Title	Driver Lic. No	0
Home Address		ITIN/Other ID	No
(Cannot be P.O. Box)		DL Expire Da	te
Home Phone No.	Cell	Email Addres	ss
In case of emergency,	, please contact (attach additional sheet, if necessary) REQUIRED FIELDS		
Contact Name		Phone No.	
Address		Cell/Pager No.	
- -	erty Management / Alarm Company CITY LOCATION ONLY		
Property Manage Address	ement	Phone No.	
Alarm Company Address		Phone No.	
Auuress			
If you wish to prot NOTE - if your set of Section 17538.	E OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLI tect your residential address with a different service of process address, pl rvice of process address is a post office box or private mailbox, it must co 5 of the California Business and Professions Code. cess Address dress to protec Business Location Address	lease provide it her omply with paragrap	re. bh(2) of subdivision (b)



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Reactivate	!

SB 205: NPDES Storm water Permit Requirements

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program? If so, please provide the SIC # and Permit # below.

¥	NPDES	S Permit #	
ral Information			
YesNoImage: Constraint of the stateAdult-Oriented BusinessImage: Constraint of the stateAuto SalesImage: Constraint of the stateAuto Body RepairImage: Constraint of the stateBeauty Salon/ BarberImage: Constraint of the stateBooth RentalImage: Constraint of the stateBusiness Office	YesNoImage: ChurchChurchImage: Daycare FacilityDay SpaImage: Church ChurchFood/ Liquor MarketImage: Church Church Church ChurchHealth Club	 Massage I Medical/ D Property F 	uring/ R&DSelf StorageEstablishmentTattoo ParlorDentalVocational School
Gross receipts directly attributable business estimated annual sales for Square Footage	next year. \$ Truck Loading Spaces Total Number of Employe ace* / manager to determine prior tenant's use ntly operating at this location?	es and date vacated. Yes " No	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 PBIAAREA DATE APPLIED DATE APPROVED ENTERED BY	APPROV	DATE DATE DATE DATE DATE	FEES Registration Fee
The issuance or granting of th shall not be construed to be ar regulatory agencies or depa constitute a violation and may I declare, under penalty of perjury, tha	approval of any conditions re artments which if not comp prevent or delay business ac	a certificate we equired by other blied with may tivities. b s true and correct. f f a d a d a d a d a d a d a d a d a d	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 o comply with disability access laws at the ollowing agencies: The Division of the State Architect at <u>www.dgs.ca.gov/dsa</u> . The Department of Rehabilitation at <u>www.dor.ca.gov</u> . The California Commission on Disability Access at
Print Name	The.		vww.ccda.ca.gov.

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

