



# 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: \_\_\_\_\_

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### TO BE COMPLETED BY THE CITY

BUSINESS REGISTRATION #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

AMT: 1 Day: \$35.00 2+ Days: \$57.00 RECEIPT #: \_\_\_\_\_