



OUT-OF-CITY BUSINESS

CITY OF SAN CLEMENTE
 BUSINESS LICENSE APPLICATION
 100 AVENIDA PRESIDIO
 SAN CLEMENTE, CA 92672

PLEASE CONTACT THE BUSINESS
 LICENSE OFFICE FOR FILING
 INSTRUCTIONS AT:
Phone (949) 361-6166
 Fax (949) 361-8285
businesslicense@san-clemente.org

| GENERAL INFORMATION (All fields must be filled in. If one field does not apply, write "N/A") | | | | |
|---|---------|------------------------------|---------------------|------|
| Business Name: | | | Business Phone No.: | |
| Owner/Entity: | | | Owners Phone No.: | |
| Website Address | | Email Address: | | |
| Business Address: | Street: | City: | State: | ZIP: |
| Mailing Address: | Street: | City: | State: | ZIP: |
| Type of Ownership: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | | | | |
| Today's Date: | | San Clemente Start Date: | | |
| Type of Business (Be Specific): | | | | |
| California State License Number(s): | | Contractor's: | Other: | |
| FEIN or SSN: | | Sellers Permit # (Resale #): | | |

| ACKNOWLEDGMENT TO BE COMPLETED BY APPLICANT | | |
|--|--|--|
| I, the undersigned, understand that before I can operate my business in San Clemente, the business must comply with all applicable City Municipal Codes and regulations completely and must obtain all necessary Federal, State and local permits. | | |
| Signature: _____ Date: _____ Print Name: _____ | | |

| FEE SCHEDULE | | | | |
|--|---|---|---|--------------------------------|
| Business Type | CA State Licensed Contractor 1 st Year New Business | Other Business Types 1 st Year New Business | Change of Business Name | Change of Address/Ownership |
| Out of City Business | 90-day: \$46.00 Annual: \$111.00 | \$61.00 | Contact Business License Office for assistance | |
| Renewal Fees are based on gross receipts and business type. CA State Licensed Contractor's are subject to flat rate renewal fee of \$106.00 per year. For more specific fee calculations please call us at (949) 361-6166. Changes to Name, Address and Ownership require a new license application. | | | | |

| FOR OFFICE USE ONLY | | | |
|---------------------|-----------------------|--------------------|------------------|
| Business No.: | | Received By: | Date Received: |
| Business Tax: \$ | Processing Fee: \$ | Penalty Fee: \$ | Total Due: \$ |
| Notes: | | | |