



COMMERCIAL LOCATION

CITY OF SAN CLEMENTE
 BUSINESS LICENSE APPLICATION
 910 CALLE NEGOCIO, SUITE 100
 SAN CLEMENTE, CA 92673

PLEASE CONTACT THE BUSINESS
 LICENSE OFFICE FOR FILING
 INSTRUCTIONS AT:
(949) 361-6166
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 (List Officers and Titles):		Alternate Phone No.:		
		Email Address:		
Business Address:	Street:	City:	State:	ZIP:
Mailing Address:	Street:	City:	State:	ZIP:
Home 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				
Application Is For:				
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Address, Ownership, or Business Name to Existing Business (Provide Details in Box Below)				
Write Previous Address, Ownership, or Business Name:				
Today's Date:		Business Start Date:		
Type of Business (Be Specific):				
State Contractor's License No.:				
FEIN:		SSN:		State Sales Tax ID:

ACKNOWLEDGMENT TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S)

I, the undersigned, understand that before I can operate my business in San Clemente, the establishment must comply with all applicable City departmental laws and regulations completely and must receive all necessary Federal, State and local permits. I also understand that a Business Tax Certificate issued pursuant to the provisions of San Clemente Municipal Code Title 5 - Business Licenses and Regulations, constitutes a receipt for the business tax paid and shall have no other legal effect. **A Business Tax Certificate is a requirement, not a permit, to conduct, manage or carry on any business activity in the City. I declare that I am authorized to complete this application and that the information and statements provided are true and correct.**

Signature: _____ Date: _____ Print Name/Title: _____

FOR OFFICE USE ONLY

Business No.:		Received By:		Date Received:	
Business Tax:		Processing Fee:		Penalty Fee:	
\$		\$		\$	
Total Due:					
\$					
Planning:	Building:	Water Quality:	Sewer:	Fire:	Health:
Notes:					



Business License

Phone (949) 361-6166 Fax: (949) 361-8281

Business License Application

Please complete, sign reverse and return with application and remittance. Incomplete applications will not be reviewed and may be returned to the applicant.

Business Name: _____ Business License Number: _____

Business activity: _____

(i.e. retail, wholesale, office, medical office, restaurant, manufacturing, assembly, etc.)

Hours of operation: _____ Number of employees: _____

Types of vehicles involved with business: _____
(i.e. auto, trailer, oversized, etc.)

Number of company vehicles involved with business: _____

Zoning designation of subject property: _____

(i.e. NC1, NC2, etc.) (Contact Planning Division for this information at 949-361-6100)

Does this zone require a Use Permit for your business? ____ Yes ____ No
(If yes or unsure, contact Planning Division)

Are you located in a multi-unit building? ____ Yes ____ No

What was the previous business in your building? _____
(Contact leasing agent or property owner for this information.)

Number of off-street parking spaces required for your business: _____
(Contact Planning Division at 949-361-6100 for this information.)

Number of parking spaces provided on-site: _____

Have you applied for an Administrative Sign Permit? ____ Yes ____ No
(Contact Planning Division at 949-361-6100 for more information on signs.)

Will you be using a Temporary Banner? ____ Yes ____ No
(Contact Planning Division at 949-361-6100 for more information on banners.)

Do you plan any interior tenant improvements for this building? ____ Yes ____ No
(Contact Building Division at 949-361-6100 for more information.)

Do you plan any exterior modifications to the building? ____ Yes ____ No
(i.e. paint, roof equipment, awnings, window replacement, etc.)
(Contact Planning Division at 949-361-6100 for more information)

Please see reverse side for further instructions and guidelines for Business license Inspection

A commercial business must be inspected and approved by the designated code enforcement agencies before a business license certificate will be issued. Operating a business without your San Clemente Business Certificate prominently displayed is illegal and can result in a civil/criminal action.

In order to speed up the process and receive your certificate as promptly as possible, please complete the reverse side of this form. A Business License Inspection will automatically begin shortly after the date your business has opened. You do not need to initiate your inspection. If the opening date listed on your application has changed, please notify our office immediately and call the inspection line listed below.

Building Division Inspection Line (949) 498-3129
(Leave a message indicating date, name of business, business license number and location.)

See the attached guidelines issued by each agency regarding the inspection process.

For Food Handling Only (714) 433-6000
Orange County Health Care Agency
1241 East Dyer Road, Suite 120
Santa Ana, CA 92705

Orange County Fire Authority (714) 573-6133

I have read the following instructions for inspection.

Applicant's Signature