



COMMERCIAL LOCATION

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
Email 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(s) or Entity (List Officers and Titles):			Owners Phone No.:	
Website:		Email Address:		
Business Address: Street:	City:		State:	ZIP:
Mailing Address: Street:	City:		State:	ZIP:
Home Address: Street:	City:		State:	ZIP:
Type of Ownership: Sole Ownership Partnership LLP Corporation LLC				
Application Is For: New Business Change of Address Change of Ownership, or Business Name (Provide Details in Box Below)				
Write Previous Address, Ownership, or Business Name:				
Today's Date:		San Clemente Business Start Date:		
Type of Business (Be Specific):				
California State License Number(s):		Contractor's:		Other:
FEIN or SSN:		Sellers Permit # (Resale #):		

FEE SCHEDULE				
Business Type	CA State Licensed Contractor 1st Year New Business	Other Business Types 1st Year New Business	Change of Business Name	Change of Address or Ownership
In City Commercial License	\$162.42	\$112.42	\$61.42	\$61.42
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 \$	
Planning:	Building:	Water Quality:	Sewer:	Fire:	Health:
Notes:					



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LOCATION QUESTIONNAIRE (All fields must be filled in. If one field does not apply, write "N/A")

Business Name: _____

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 949-361-6197

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 949-361-6197 for this information.)

Number of parking spaces provided on-site: _____

Have you applied for an Administrative Sign Permit? _____ Yes _____ No

(Contact Planning Division at 949-361-6197 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 tenant improvements for this building? _____ Yes _____ No

If yes, Building Permits are required. Excluding interior paint and carpet.

(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 949-361-6197 for more information.)



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INSPECTIONS REQUIRED

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.

An inspection may be scheduled by the City or other regulatory agencies. 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(s) listed below.

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

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

I 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: _____