



# COMMERCIAL LOCATION

CITY OF SAN CLEMENTE  
BUSINESS LICENSE APPLICATION  
910 CALLE NEGOCIO  
SAN CLEMENTE, CA 92672

PLEASE CONTACT THE BUSINESS  
LICENSE OFFICE FOR FILING  
INSTRUCTIONS AT:  
**Phone (949) 361-6166**  
Email [businesslicense@san-clemente.org](mailto: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:   |         |                |                                   |           |
| <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 <input type="checkbox"/> 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:  |                                   | SIC Code: |
| FEIN or SSN:   |         |                | Sellers Permit # (Resale #):      |           |

| FEE SCHEDULE   |   |   |                            |                                   |
|--|---|---|----------------------------|-----------------------------------|
| Business Type  | CA State Licensed Contractor<br>1st Year New Business | Other Business Types<br>1st Year New Business | Change of<br>Business Name | Change of Address<br>or Ownership |
| In City Commercial License   | \$167.61  | \$117.61                                      | \$63.61                    | \$63.61                           |
| 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:<br>\$ | Processing Fee:<br>\$ | Penalty Fee:<br>\$ |        | Total Due<br>\$ |         |
| Planning:           | Building:             | Water<br>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: \_\_\_\_\_