



OUT-OF-CITY BUSINESS

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

PLEASE CONTACT THE BUSINESS
 LICENSE OFFICE FOR FILING
 INSTRUCTIONS AT:
Phone (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:			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: \$49.00 Annual: \$114.00	\$64.00	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 \$109.00 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:			