



**City of Clearlake**  
 14050 Olympic Drive, Clearlake, California 95422  
 (707) 994-8201 • FAX (707) 995-2653

Business Lic.# \_\_\_\_\_  
 Reg. No. \_\_\_\_\_

## APPLICATION FOR BUSINESS LICENSE

<b>OFFICE USE ONLY</b>
Date: _____
Classification Code: _____
Rate Code: _____
Recpt # _____
Check # _____
***State ADA Fee: <b>\$4.00</b>
Bus. Lic: \$ _____
Total: _____

### OWNER INFORMATION

Name			
Home Address	City	State	Zip
Telephone No.	Cell Phone No.		
E-Mail			

### BUSINESS INFORMATION

Name		Date business commenced in the City of Clearlake:	
Site Address (No PO Boxes)	City	State	Zip
Mailing Address	City	State	Zip
Telephone No.	Fax No.		
E-Mail			
Contractor's License No. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Expiration Date	
Other License		Expiration Date	
Is this a home occupation?      Yes      No			
Description of Business (be specific):			

#### State requirement to have one of the following numbers:

#### Ownership type (mark one)

Social Security # _____	Single Proprietor <input type="checkbox"/>
Federal Tax I.D. # _____	Partnership <input type="checkbox"/>
Resale # _____	Limited Partnership <input type="checkbox"/>
State I.D. # _____	Corporation <input type="checkbox"/>
State Contractors License # _____	

\*\*\*STATE ADA FEE – In accordance with SB-1186 Disability Access, and additional state fee of \$4.00 per Business License is required.

