



CITY OF MENIFEE

29714 Haun Road, Meniffee, CA 92586 - (951) 672-6777

BUSINESS LICENSE APPLICATION

- Please Check Applicable*
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - HOME OCCUPATION
 - EXEMPT

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF MENIFEE (PLEASE PRINT OR TYPE)

OFFICIAL USE ONLY	
Business License No.	_____

Business Name _____

Corporate Name (if applicable) _____

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Phone No. _____ Fax No. _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

State ID No. _____

State License No. _____

State License Type _____

Massage Therapy Cert. # _____

Expire Date _____

Website Address _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
Home Phone No. _____	Cell No. _____	Soc. Sec. No. _____
		Email Address _____
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
Home Phone No. _____	Cell No. _____	Soc. Sec. No. _____
		Email Address _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____ Phone No. _____

Address _____ Cell No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____ License No. _____

Address _____ Phone No. _____

Property Manager / Property Owner

Name _____ Phone No. _____

Address _____ Cell No. _____

Number of Employees

Number of Square Feet

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

Thank you for doing business in the City of Meniffee

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT. HOME OCCUPATION ONLY: ALL CRITERIA OUTLINE IN ORDINANCE HAVE BEEN MET.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF MENIFEE.

FOR OFFICIAL USE ONLY	
Date <input type="text"/>	Basic Fee <input type="text"/>
	Zoning Fee <input type="text"/>
	Penalty Fee <input type="text"/>
<input type="checkbox"/> Credit Card _____	State CASp Fee \$ 1.00
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Total Due <input type="text"/>
<p>NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.</p>	