



# CITY OF MENIFEE

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

## BUSINESS LICENSE APPLICATION

*Please Check One*

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)

Business Name _____	<b>OFFICIAL USE ONLY</b>
Corporate Name (if applicable) _____	Business License No. _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	Bus. Start Date _____
Mailing Address _____	Resale No. _____
Phone No. _____ Fax No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	State Cont. Lic. No. _____
	State Cont. Lic. 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 / Pager 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 / Pager No. _____	Soc. Sec. No. _____
	Email Address _____

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

Contact Name _____	Phone No. _____
Address _____	Cell/Pager 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/Pager No. _____

Number of Employees	<input type="text"/>
Number of Square Feet	<input type="text"/>

**FOR OFFICIAL USE ONLY**

Date <input type="text"/>	Basic Fee	<input type="text"/>
<input type="checkbox"/> Credit Card	Business Zoning Review Fee	<input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Penalty Fee	<input type="text"/>
	State CASp Fee	\$ 1.00
	Total Due	<input type="text"/>

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 Menifee*

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](http://www.dgs.ca.gov/dsa/Home.aspx) The Department of Rehabilitation at [www.rehab.cahwmet.gov](http://www.rehab.cahwmet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

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.