



CITY OF MENIFFEE

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

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

BUSINESS LICENSE APPLICATION

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

OFFICIAL USE ONLY

Business Name _____	Business License No. _____
Corporate Name (if applicable) _____	Bus. Start Date _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Resale No. _____
Mailing Address _____	Federal ID No. _____
Phone No. _____ Fax No. _____	State ID No. _____
Description of Business _____	State License 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 License Type _____
	Message 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	<input type="text"/>
Number of Square Feet	<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 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 MENIFFEE.

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Credit Card	Basic Fee <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Zoning Fee <input type="text"/>
	Penalty Fee <input type="text"/>
	State CASp Fee \$ 1.00
	Total Due <input type="text"/>
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 .	



<i>For Official Use Only</i>	
Business License No.:	_____
Date Received:	_____
Received By:	_____
Case Planner:	_____

CITY OF MENIFEE
Community Development Department

**APPLICATION FOR HOME OCCUPATION STATUS FOR
BUSINESS REGISTRATION PROGRAM**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

All Home Occupations MUST conform to the regulations and limitations of the Menifee Municipal Code. A Home Occupation is an allowed land use that is permitted by the City with the understanding (as expressed in the adoption of the Municipal Code) that any such business use of a residential property shall be conducted in a manner so that such use shall have no impact upon the site, the surrounding properties or the community as a whole. A Home Occupation shall not be issued for an activity that may result in adverse impacts to the community. An approved Home Occupation shall be immediately revoked if such Home Occupation is found to have impacts upon the property, neighboring properties or the neighborhood, or if the use being conducted is found to be inconsistent with the business description provided within this Home Occupation Application.

_____ (Applicant initials)

APPLICANT INFORMATION

Business Name: _____

Applicant's Name: _____ E-Mail: _____

Business Address: _____
Street

City State ZIP

Assessor Parcel Number: _____

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Emergency Contact Number (Different than above): (____) _____

Please describe the nature of the business to be conducted within the home noting specifically the physical activity being conducted (office work, hand crafts, assembly, etc.), the location(s) within the home used for all

(1) The name of the applicant; home business address, telephone number at that address; cell phone number; email and fax (if any); and an emergency contact number different from any of these.

(2) If the business is advertised to the public by name or designation other than the name of the applicant, that name or designation and proof of filing of a fictitious business name statement.

(3) A detailed description of the nature of the business, including, but not limited to, whether the business is constructed in an accessory structure; whether additional vehicles come to the residence or are stored at the residence; whether or not the business involves storage of materials anywhere on the property (including outdoors or in an accessory structure); use of any hazardous materials of any kind; whether the business involves outcall services; or whether the business involves mobile food facilities or vending.

(4) A listing of any and all federal, state, county and other required permits or licenses, including any contractor's state permit or license number and category.

(5) Any other information necessary to determine appropriate regulatory requirements applicable to the business.

(6) The signature of the applicant under penalty of perjury that the information provided on the application is true and correct and that the applicant is responsible for all applicable fees. Any subsequent registration shall be deemed null and void if the license application contains any false or misleading information and providing such false information shall be a violation of this chapter.

(C) The information contained on the business registration form shall be reviewed by the City Clerk and other city staff as necessary. Based upon the nature of the home occupation, they may determine that business licensing and the corresponding inspection is necessary rather than business registration. In the event that a home occupation requires a business license, the registration fee paid shall be credited to the license fee and/or inspection deposit.

The applicant for a Home Occupation has read, understands and shall abide by the above noted Code provisions. _____ (Applicant initials)

The signature of the applicant below acknowledges under penalty of perjury that the information provided on this application is true and correct to the best of that person's knowledge and that the applicant is responsible for all applicable City fees.

By signing this application, the applicant and business agree to be bound by all provisions of the City of Menifee Municipal Code, including but not limited to the provisions for inspection.

An approved/issued Business License shall be deemed null and void if the license application contains any false or misleading information. It shall be considered a violation of this Code, punishable as set out herein, intentionally to give any false or misleading information on the application.

All signatures must be originals. Photocopies or e-signatures are **not** acceptable.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

Copy provided to Applicant

City staff member discussing this application with applicant: _____

Application reviewed and approved by: _____

Date approved: _____