



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)

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF MENIFEE (PLEASE PRINT OR TYPE)		OFFICIAL USE ONLY
Business Name _____	Business License No. _____	
Corporate Name <small>(if applicable)</small> _____	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	[]
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.

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

Signature of Owner or Representative: _____ Date: _____

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