



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)

<p>Business Name _____</p> <p>Corporate Name (if applicable) _____</p> <p>Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small></p> <p>Mailing Address _____</p> <p>Phone No. _____ Fax No. _____</p> <p>Description of Business _____</p> <p>Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust</p>	<p align="center">OFFICIAL USE ONLY</p> <p>Business License No. _____</p> <p>Bus. Start Date _____</p> <p>Resale No. _____</p> <p>Federal ID No. _____</p> <p>State ID No. _____</p> <p>State Cont. Lic. No. _____</p> <p>State Cont. Lic. Type _____</p> <p>Massage Therapy Cert. # _____</p> <p>Expire Date _____</p> <p>Website Address _____</p>
--	---

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

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

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 style="width: 90%;" type="text"/>
Number of Square Feet	<input style="width: 90%;" 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

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 _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Basic Fee</td><td>_____</td></tr> <tr><td>Business Zoning Review Fee</td><td>_____</td></tr> <tr><td>Penalty Fee</td><td>_____</td></tr> <tr><td>State CASp Fee</td><td>\$ <input style="width: 50px;" type="text"/></td></tr> <tr><td>Total Due</td><td>_____</td></tr> </table>	Basic Fee	_____	Business Zoning Review Fee	_____	Penalty Fee	_____	State CASp Fee	\$ <input style="width: 50px;" type="text"/>	Total Due	_____
Basic Fee	_____										
Business Zoning Review Fee	_____										
Penalty Fee	_____										
State CASp Fee	\$ <input style="width: 50px;" type="text"/>										
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.cahwmet.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.