



# CITY OF MENIFEE

29714 Haun Road, Meniffee, 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)

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

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

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

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

<b>Contact Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	<b>Cell/Pager No.</b> _____

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

<b>Company Name</b> _____	<b>License No.</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____

**Property Manager / Property Owner**

<b>Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	<b>Cell/Pager No.</b> _____

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

**FOR OFFICIAL USE ONLY**

<b>Date</b>	<input type="text"/>
<input type="checkbox"/> Credit Card	<b>Basic Fee</b> <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	<b>Other Fee</b> <input type="text"/>
	<b>Penalty Fee</b> <input type="text"/>
	<b>State CASp Fee</b> \$ 1.00
	<b>Total Due</b> <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](http://www.dgs.ca.gov/dsa/Home.aspx), The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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