



City of Menifee
Home Occupation Start-up Checklist
Business License Division

29844 Haun Road
Menifee, CA 92586
P: 951-672-6777
businesslicensing@cityofmenifee.us

All applicable items must be submitted at the time of application. Items in bold are required for **ALL** Businesses. Incomplete applications may delay the processing of your submittal.

- City of Menifee Business License Application completely filled out**
- Copy of applicant's picture ID/ Driver's License**
- Business License Registration Fee:**
 - \$99.25 - In City Businesses**
- Proof of Fictitious Name Filing for the Business Name / DBA with the County of Riverside Clerk's Office
- Articles of Incorporation / Organization / Formation as filed with the Secretary of State
- Pawnbroker License, Solicitor's permit, Taxi permit, and Secondhand Dealer license obtained from the Perris Police Department.
- State Sales Tax ID or Sellers Permit
- ABC liquor License, Cigarette and Tobacco products retailer's License
- State Certification for Licensed Professions (Massage License, Contractor's state License, Medical License, Cosmetologist License)
- Federal ID Number
- Any Federal, State or County permits or licenses required for the business being conducted.

For Businesses located within City of Menifee Boundaries:

- Certificate of Occupancy** (Commercial/Industrial Locations) will be required and obtained from the City of Menifee—Building and Safety Department. Certificate of Occupancy application may not be submitted by mail. Additional fees may apply. If you have any questions regarding the Certificate of Occupancy please contact our Building and Safety Department at 951-672-6777.
- Home Occupation Application** will be required for all home based businesses. A property owner or authorized agent/property management will be required to sign the Home Occupation Application.



City of Menfee

BUSINESS LICENSE APPLICATION

Apply online at businesslicenses.cityofmenfee.us

29844 Haun Road
Menfee, CA 92586
P: 951-672-6777
businesslicensing@cityofmenfee.us

Business Entity Information – (All fields required)

1	Business Name (DBA):		
2	Corporate Business Name:		
3	Business Address:		
4	Business Mailing Address: <input type="checkbox"/> Same as physical address		
5	Business Phone:	Alternate Phone:	<input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Other
6	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		CA Entity/File #:
7	Ownership Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Other_____		
8	Email:	Website:	
9	NAIC Code: <i>(if known)</i>	Resale No.: <i>(if applicable)</i>	Federal Employer ID No.:
10	State License No.: <i>(if applicable)</i>	License Type:	Exp. Date:
11	Detailed description of business: <i>(including any future operations)</i>		
12	Is this business a non-profit or exempt entity (See City of Menfee code 5.01.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete City of Menfee's "Claim of Exemption Form"</i>		

Owners, Partners or Corporate Officers Information – (All fields required. If corporation use corporate name)

13	First Name:		Last Name:	
	Residential Address:			
	Title: <input type="checkbox"/> Sole Proprietor/Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other_____			
	Email:	Date of Birth:	DL#:	Phone Number:

Owners, Partners, or Corporate Officers Information- (If applicable)

14	First Name:		Last Name:	
	Residential Address:			
	Title: <input type="checkbox"/> Sole Proprietor/Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other_____			
	Email:	Date of Birth:	DL#:	Phone Number:

Emergency Contact Information

15	Name:		Phone Number:
	Address:		

Authorized Representative Contact Information

16	<input type="checkbox"/> Same as Owner	First Name:	Last Name:
		Email:	Phone Number:

Business Operations Information

17	<ul style="list-style-type: none"> Does your business sell to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business ever sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, ABC License Number _____ At any time will your business make marijuana available for purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business offer massages? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business provide a professional service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Medicine, Dentistry, Accounting, Practice of Law, etc.)</i> At any time will your business be an Adult Entertainment Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you use, store or transport chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you manage or produce biohazardous materials or waste? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent/lease your business property? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, provide the property owner and/or property Management Company's contact information. Do you share this space with one or more other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an honorably discharged veteran, Senior or do you receive SSDI/SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No How many employees does your business have working in Menifee? Non-Professional: _____ Professional: _____
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Acknowledgement

18	<p>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:</p> <p>The Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx The Department of Rehabilitation: www.dor.ca.gov The California Commission on Disability Access: www.ccda.ca.gov</p> <p>Acceptance of Payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.</p> <p>Payment of this fee does not constitute zoning, building or fire code approval. Check with the Planning Department in order to determine if your business can be legally established at your location.</p> <p>I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.</p>	For Official Use Only																			
	<table border="1"> <tr> <td>Payment Date: _____</td> <td>Base Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Credit Card _____</td> <td>Base Fee Reduction</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Check _____</td> <td>State CASp</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td>Zoning Fee</td> <td>\$</td> </tr> <tr> <td><i>(Return application to above address and make checks payable to "City of Menifee")</i></td> <td>NPDES Fee</td> <td>\$</td> </tr> <tr> <td></td> <td>Penalty</td> <td>\$</td> </tr> <tr style="background-color: yellow;"> <td></td> <td>Total Amount Due</td> <td>\$</td> </tr> </table>	Payment Date: _____	Base Fee	\$	<input type="checkbox"/> Credit Card _____	Base Fee Reduction	\$	<input type="checkbox"/> Check _____	State CASp	\$	<input type="checkbox"/> Cash	Zoning Fee	\$	<i>(Return application to above address and make checks payable to "City of Menifee")</i>	NPDES Fee	\$		Penalty	\$		Total Amount Due
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<i>(Return application to above address and make checks payable to "City of Menifee")</i>	NPDES Fee	\$																			
	Penalty	\$																			
	Total Amount Due	\$																			

Signature of Owner or Authorized Representative

Date



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

CITY OF MENIFEE

Community Development Department

APPLICATION FOR A HOME OCCUPATION

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 Application shall not be processed for an activity that may result in adverse impacts to the community. An approved Home Occupation Application 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 then above): (____) _____

Under the provisions of the Menifee Municipal Code, a Home Occupation is limited as described below:

Section 21.36. HOME OCCUPATIONS.

Home occupations means those uses that are customarily conducted in a residence, provided such uses must be incidental and secondary to the principal use of a dwelling as a residence. The following criteria shall apply to any home occupation:

- a. Except for large family day care homes which may require two assistants and small family day care homes which may require one assistant to be present in addition to the licensee or provider, no person other than a resident of the dwelling shall be employed on the premises in the conduct of a home occupation.
- b. A home occupation shall be conducted entirely within the dwelling and shall be incidental and secondary to the use of the dwelling as a residence.
- c. A home occupation shall not be conducted in an accessory structure and there shall be no storage of equipment or supplies in an accessory structure or outside building.
- d. The residential character of the exterior and interior of the dwelling shall not be changed.
- e. No vehicles or trailers except those normally incidental to residential use shall be kept on the site.
- f. No signs other than one unlighted identification sign, not more than two square feet in area, shall be erected on the premises.

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

In addition to the above, all Home Occupations are limited by the provisions of City of Menifee Municipal Code Section 5.01.060 "Business Registration for Home Occupations." This Code provides the following:

§ 5.01.060 BUSINESS REGISTRATION FOR HOME OCCUPATIONS.

(A) An initial application for business registration shall be made by each home occupation. The application shall be made on the form provided by the city, and it shall not be deemed filed until fully and accurately completed. The applicant shall be the person engaging in the home occupation at his or her residence. All applications shall be accompanied by the applicable fees including but not limited to additional fees for late applications or failure to register.

(B) The application shall contain the following:

(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: _____