



CITY OF TEMECULA

43200 Business Park Dr. P. O. Box 9033 Temecula, CA 92589-9033 Phone: (951)693-3933 Fax (951) 693-3948 Web Site: www.cityoftemecula.org

PLEASE CHECK ONE

- New Application
- Change of Owner [Corp. only]
- Change of Address
- Change of Business Name
- Reactivate

BUSINESS LICENSE APPLICATION

Please type or print. Make changes in printed format where necessary.

HOME OCCUPATION # _____

Business Name _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Description of Business _____

State Lic. No. _____ **State Lic. Classification** _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Is Business located in the City of Temecula? Yes No **If yes, is this a home based business?** Yes No

A Home Occupation Permit and **\$ 20.00** Fee may apply if you conduct Business out of your home. Signature and or permission from the property owner, or their authorized agent/ property managers is required.

Bus. Start Date _____

Sales Tax ID No. _____

Phone No. _____

Fax No. _____

Email Address _____

Website _____

Number of Employees _____

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

1st Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Home / Cell No.** _____

2nd Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Home / Cell No.** _____

In case of emergency, please contact . . .

Contact Name _____ **Title** _____ **Phone No.** _____

Address _____ **Cell / Pager No.** _____

Enter below the Property Management (CITY LOCATION ONLY); if applicable

Owner / Property Management _____ **Title** _____ **Phone No.** _____

Address _____ **Cell / Pager No.** _____

General Information

- | | | |
|--|---|---|
| Yes No
<input type="checkbox"/> <input type="checkbox"/> Bingo Gaming
<input type="checkbox"/> <input type="checkbox"/> Cyber Café
<input type="checkbox"/> <input type="checkbox"/> Fortune Telling Establishment
<input type="checkbox"/> <input type="checkbox"/> Adult/Sexually Oriented Business or products sold
<input type="checkbox"/> <input type="checkbox"/> Secondhand Dealer Pawn Broker | Yes No
<input type="checkbox"/> <input type="checkbox"/> Tattoo Parlors
<input type="checkbox"/> <input type="checkbox"/> Sales of Tobacco Products or paraphernalia
<input type="checkbox"/> <input type="checkbox"/> Sales of Alcohol
<input type="checkbox"/> <input type="checkbox"/> Drug Sales or Treatment
<input type="checkbox"/> <input type="checkbox"/> Massage Establishment or Technician
<input type="checkbox"/> <input type="checkbox"/> Taxicab Business or Driver | Yes No
<input type="checkbox"/> <input type="checkbox"/> Door-Door Solicitor
<input type="checkbox"/> <input type="checkbox"/> Sales of Firearms
<input type="checkbox"/> <input type="checkbox"/> Hazardous Materials on site
<input type="checkbox"/> <input type="checkbox"/> Explosives / Firearms on site
Hours of Operation _____
Number of Parking Spaces _____ |
|--|---|---|

I DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date : _____ **Signature of Owner or Authorized Representatives** _____

AMOUNT DUE
\$35.00

Please make your check payable to the City of Temecula.
(There will be a Service Charge on all returned checks).

NOTE : Sales or use tax may apply to your business activities. You may seek advice regarding the application of tax to your particular business by contacting the nearest State Board of Equalization office. For general information, please call the State Board of Equalization @ 1-800-400-7115.

Thank You for doing business in the City of Temecula.

Business License No. _____

Date Application Received _____

License Fee \$ _____ **Penalty \$** _____

Date Paid _____

Cash Check # _____ Visa / MC

Department Approvals: **Initial and Date**

Planning _____ / _____

Building _____ / _____

Police _____ / _____

Message _____ / _____