



## City of Temecula

41000 Main St. Temecula, California 92590

(951) 693-3933 FAX (951) 693-3948 [businesslicense@temeculaca.gov](mailto:businesslicense@temeculaca.gov)

### **BUSINESS LICENSE CHECKLIST**

Items below must be provided at the time of licensing. All items, as applicable, must be submitted at the time of application. Incomplete applications may delay the processing of your submittal.

- Proof of Fictitious Name Filing for the Business Name / dba [ *doing business as* ] with the County of Riverside
- Articles of Incorporation / Organization / Formation as filed with the Secretary of State
- Business License Application completely filled out**
- Physical address that is not a PO Box or Storage Facility Space** [ *per State of California Business & Professions Code-Section 17538.5* ]

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#### **FOR LOCATIONS INSIDE TEMECULA :**

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- Certificate of Occupancy for commercial/industrial addresses** will be required and obtained from Community Development prior to Business License issuance. If submitting by mail, Community Development will contact you directly. (Community Development 951-694-6476)
- OR
- Home Occupation Permit Application & Permit Fee (\$20.00)** will be required of ALL home based businesses. A property owner or authorized agent/property manager will be required to sign the Home Occupation Permit Application. ( Community Development 951-694-6476 )

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- Copy of Applicant's Government issued Picture ID / Driver's License**
  - Agent Letter if sending an Authorized Agent - notarized or with Owner ID if not notarized**
  - Business License Registration Fee \$ 35.00 and \$ 4.00 AB1379 State Fee = \$39**
  - Complete description of business conduct under "Statement of Operations"**
  - Temecula Police, Community Development, Public Works Department Approval** via Signature on the business license application
  - Solicitor's Permit / Taxi Permit / Secondhand Dealer / Pawnbroker License obtained from the Temecula Police Department [ *if conducting these type of businesses* ]
  - State Sales Tax ID / Sellers Permit
  - ABC / Liquor License, Tobacco Retail Application [ *if selling Alcohol or Tobacco products* ]
  - State Certification for Licensed Professions [ *i.e. Contractor's State License, Medical License, Massage License* ]
  - Any County / State / Federal Permits or Licenses required for the business as applicable [ *i.e. Health Permit, CPUC* ]

If other Department Approvals are required, **PLEASE RETURN THIS FORM** after signatures above have been obtained.



# CITY OF TEMECULA

41000 Main Street Temecula, CA 92590 Phone: (951)693-3933

Fax (951) 693-3948 Web Site: [www.temeculaca.gov](http://www.temeculaca.gov)

email: [businesslicense@temeculaca.gov](mailto:businesslicense@temeculaca.gov)

## BUSINESS LICENSE APPLICATION

Business Licenses Expire on January 31st

PLEASE CHECK ONE

- New Application**
- Change of Owner \*  
[ Corp. only ] \*
- Change of Address
- Change of Business Name [ w/ FBN ]
- Reactivate

**\* Please note that all information in this section is public record subject to disclosure.\***

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

**C of O PLAN CASE or HOME OCCUPATION #** \_\_\_\_\_

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** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Corporate Name**  
(if applicable) \_\_\_\_\_

**Business Location** \_\_\_\_\_

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

**Phone No.** \_\_\_\_\_

**Fax No.** \_\_\_\_\_

**Description of Business** \_\_\_\_\_

**Sellers Permit No.** \_\_\_\_\_

**Ownership**

Corporation

Corp-Ltd Liability

Partnership

Sole Proprietor  Trust

**State Lic. No.** \_\_\_\_\_

**State Lic. Classification** \_\_\_\_\_

**Website** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**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 . . . ( REQUIRED FIELDS )**

**Contact Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

Home  Cell No. \_\_\_\_\_

**Enter below the Property Owner or Management ( REQUIRED FOR - CITY LOCATION ONLY )**

**Owner / Property Management** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

Bus  Cell No. \_\_\_\_\_

**General Information ( Check all conduct that applies for your business )**

**Yes No**

Bingo Gaming

Cyber Café

Fortune Telling Establishment

Adult/Sexually Oriented Business or products sold

Secondhand Dealer Pawn Broker

**Yes No**

Tattoo Parlors

Sales of Tobacco Products or paraphernalia

Sales of Alcohol

Drug Sales or Treatment

**Massage Establishment or Technician**

Taxicab Business or Driver

**Yes No**

Door-Door Solicitor

Sales of Firearms

Hazardous Materials on site

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**

**\$39.00**

Please make your check payable to the City of Temecula.

(There will be a Service Charge on all returned checks).

**\$35.00 Registration & \$4 Surcharge for AB1379**

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.*

**\*\* OFFICE USE ONLY \*\***

**Business License No.** \_\_\_\_\_

**Date Application Received** \_\_\_\_\_

**License Fee \$** \_\_\_\_\_ **Penalty \$** \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**INV #** \_\_\_\_\_

Cash  Check \_\_\_\_\_  Visa  MC

**Department Approvals:**

**Initial and Date**

**Planning** \_\_\_\_\_ / \_\_\_\_\_

**Building** \_\_\_\_\_ / \_\_\_\_\_

**Fire** \_\_\_\_\_ / \_\_\_\_\_

**Police** \_\_\_\_\_ / \_\_\_\_\_

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**STATEMENT OF OPERATIONS**

Provide a written statement outlining your request for a Business License. Your response must give a detailed description of the proposed use and shall include, but is not limited to:

- A detailed description of the business
- Hours and days of operation
- Number of employees

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Signature \_\_\_\_\_ Date \_\_\_\_\_



## City of Temecula

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### **LETTER OF AUTHORIZATION**

AUTHORIZATION OF AGENT TO ACT ON BEHALF OF BUSINESS OWNER / COMPANY.

**Business License Number (if issued) :** \_\_\_\_\_

**Business / Company Name :** \_\_\_\_\_

**Name of Owner / Corporate Officer :** \_\_\_\_\_

**Business Address :** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip :** \_\_\_\_\_

*I hereby authorize the following person to act as an agent to:*

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- Business License Application** - to apply for, renew, sign, and file documents necessary to obtain any business license and/or permit
  - Update to Record** - to update business license record and file necessary changes (ie. Change of Address, FBN Fictitious Business Name, Change of Corporate Officers)
  - Citizens Access Portal** - to renew the business license online via CAP and / or pay fees / invoices
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#### **AUTHORIZED AGENT INFORMATION:**

\*NOTE: Authorized Agent will be required to provide identification at time of business license application/issuance.

Authorized Agents Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone Number : \_\_\_\_\_ E-mail : \_\_\_\_\_

#### **DECLARATION:**

I declare under penalty of perjury that I am the authorized owner/officer of the above referenced business and certify to the accuracy of this authorization form. **(Note: Form notarization or a copy of the Business Owner's driver's license must be attached to this authorization form.) THIS ORIGINAL AUTHORIZATION FORM, CONTAINING AN ORIGINAL SIGNATURE, MUST BE FURNISHED AND REMAIN ON FILE WITH THE CITY OF TEMECULA.**

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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