



'City of Temecula'

41000 Main Street, Temecula, CA 92590
(951) 693-3933 BusinessLicense@TemeculaCA.gov

BUSINESS LICENSE CHECKLIST

All items listed below, as applicable to your business, must be submitted at the time of application. Incomplete applications may delay the processing of your submittal.

- Business License Registration Fee of \$ 39.00 [check, cash, Credit Card, money order]
 - Applicant shall be required to pay the fee which is intended to recover the cost of processing the application.
- 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 declared that is **not a PO Box or Storage Facility Space** [per State of California Business & Professions Code-Section 17538.5]
- Agent Letter if sending authorized agent
- Complete description of business conduct under “Statement of Operations”
- 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 [if engaged in sales of tangible goods or rentals requiring sales tax to be collected]
- ABC / Liquor License, Tobacco Retail Lic. and Tobacco Retail Application [if selling Alcohol or Tobacco products]
- State License / 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 [i.e. Health Permit, CPUC, etc.]



CITY OF TEMECULA

41000 Main Street, Temecula, CA 92590
(951) 693-3933 BusinessLicense@TemeculaCA.gov

BUSINESS LICENSE APPLICATION

Business Licenses Expire on **January 31st**

PLEASE CHECK ONE

- New Application**
- Change of Officer/s * [Corp. only] *
- 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.

Business License # _____

Business Name (DBA) _____ Company _____
 Corporate Name _____ Email _____
 (if applicable)
 Business Location _____ Suite _____ Phone No. _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Check box if residential City _____ State _____ Zip _____

Mailing Address _____

Description of Business _____ **SIC Code** _____

Sellers Permit No. _____ Ownership Corp LLC Partnership Sole Prop

State Lic. Certification No. _____ State Lic. Classification _____

Business Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) (REQUIRED FIELDS)

1st Owner Name _____ Title _____ Date of Birth _____
 Home Address _____ Phone No. _____
 City _____ State _____ Zip _____ Email _____

2nd Owner Name _____ Title _____ Date of Birth _____
 Home Address _____ Phone No. _____
 City _____ State _____ Zip _____ Email _____

Property Owner or Management (REQUIRED FOR INSIDE CITY LOCATION ONLY)

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

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

Yes No	Yes No	Yes No
Applicant Exempt from Public Disclosure	Tattoo Parlors	Door-Door Solicitor
Bingo Gaming	Sales of Tobacco Products or paraphernalia	Sales of Firearms
Fortune Telling Establishment	Sales of Alcohol	Hazardous Materials on site
Adult/Sexually Oriented Business or products sold	Drug Sales or Treatment	Explosives / Firearms on site
Secondhand Dealer / Pawn Broker	Massage Establishment or Technician	Hours of Operation _____
Taxicab Business or Driver	Network Transportation Company (Uber, Lyft, etc.)	Number of Parking Spaces _____

Applicant Signature (REQUIRED FIELDS)

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

NON-REFUNDABLE

\$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 _____ Credit Card

Department Approvals will be approved electronically.

Please register for an online account through the Citizen Self Service (CSS) portal at temeculaca.gov/css to track the status of your application.

Upon approval, print your Business License Certificate from your CSS dashboard by selecting License. The Certificate must be displayed in a conspicuous area at the business location.

STATEMENT OF OPERATIONS

BUSINESS NAME: _____

Missing information will result in form being returned and delay processing time

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 not limited to:

Hours and days of operation: _____

Number of employees: _____

Detailed description of the business: _____

Live entertainment? Yes ___ or No ___ If yes, please specify type of entertainment:

Alcohol Served? Yes ___ or No ___ If yes, please specify license type _____

Are you subleasing? Yes ___ or No ___ If yes, please provide the name of the Lessee:

Signature: _____ **Date:** _____



'City of Temecula'

41000 Main Street, Temecula, CA 92590
(951) 693-3933 BusinessLicense@TemeculaCA.gov

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:

-
- **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 Self Service** - to renew the business license online via CSS and/or pay fees and invoices

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. *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: _____



City of Temecula

41000 Main Street, Temecula, CA 92590
(951) 693-3933 BusinessLicense@TemeculaCA.gov

BUSINESS LICENSE FEE	\$39.00
HOME OCCUPATION FEE	\$20.00
CERTIFICATE OF OCCUPANCY FEE VARIES	

Welcome to the City of Temecula!

The following information has been compiled and provided to all new Business License applicants.

Whether your business is family owned or corporate size, the City of Temecula can help you get the right start. Per Section 5.04.030 of the City's Municipal Code, a business license is required for all commercial, industrial, professional, retail and home-based businesses transacting business within the City limits.

Visit the City's website at TemeculaCA.gov to download the Business License Application forms, and to learn more about the business license process.

FICTITIOUS BUSINESS NAME or DBA

If you use any name other than your legal given name [first and last name] you must file for a fictitious name:

RIVERSIDE COUNTY CLERK'S OFFICE

41002 County Center Drive
Temecula, CA 92591
(951) 600-6200 or (951) 486-7000

www.rivcoacr.org/FictitiousBusinessNames
[additional fees may apply]

SELLERS PERMIT or RETAIL SALES TAX ID NUMBER

If you do any sale of goods, a Retail Sales Tax ID Number is required prior to issuance of a Business License:

Register online at: www.cdtfa.ca.gov

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (formerly known as BOE)

3737 Main St. 10th floor #1000
Riverside CA 92506
(951) 680-6400

OR

(800) 400-7115

35-900 Bob Hope Dr #280
Rancho Mirage, CA 92270
(760) 770-4828

WINE COUNTRY & UNINCORPORATED CITIES OF RIVERSIDE COUNTY

If your business address is outside of Temecula and you are NOT doing business inside the city limits :

RIVERSIDE COUNTY BUSINESS REGISTRATION & LICENSE PROGRAM

4080 Lemon St or PO Box 1208
Riverside, CA 92530
(951) 955-1400

rctlma.org/trans/stormwatercompliance

FOOD HANDLERS PERMIT CARD

If you intend to prepare and/ or sell food of any type:

COUNTY HEALTH DEPARTMENT

38740 Sky Canyon Drive
Murrieta, CA
(951) 461-0284

ABC [LIQUOR] LICENSE

If you intend to serve alcoholic beverages:

ALCOHOLIC BEVERAGE CONTROL

3737 Main Street #900
Riverside, CA 92506
(951) 782-4400