



## 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 [comdevtech@temeculaca.gov](mailto:comdevtech@temeculaca.gov))
- 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 = \$ 39.00**
  - 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.



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

PLEASE CHECK ONE

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

## BUSINESS LICENSE APPLICATION

Business Licenses Expire on January 31st

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

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

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

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

Corporate Name \_\_\_\_\_

(if applicable)

Business Location \_\_\_\_\_ Suite # \_\_\_\_\_

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

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 Yes or No. Check all conduct that applies for your business.)

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

<b>AMOUNT DUE</b> <b>\$39.00</b> Please make your check payable to the City of Temecula. (There will be a Service Charge on all returned checks). <b>\$35.00 Registration &amp; \$4 Surcharge for AB1379</b> 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. <i>Thank You for doing business in the City of Temecula.</i>	<b>** OFFICE USE ONLY **</b> Business License No. _____ Date Application Received _____ License Fee \$ _____ Penalty \$ _____ Date Paid _____ INV # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC	Department Approvals: Initial and Date <b>Planning</b> _____ / _____ <b>Building</b> _____ / _____ <b>Fire</b> _____ / _____ <b>Police</b> _____ / _____
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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:*

- 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

### **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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Welcome to the city of Temecula!  
 The following information has  
 been compiled and provided to all  
 new Business License Applicants.

**BUSINESS LICENSE FEE \$ 39.00**  
 (\$35.00 Registration & \$4 Surcharge for AB1379)

**HOME OCCUPATION FEE \$ 20.00**

**Certificate of Occupancy fees vary**

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.

You can use the City's web site to download the Business License Application form. The web site offers information  
 on how to obtain a business license. You can access the City's web site at <http://www.temeculaca.gov>

### 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

<http://riverside.asrclkrec.com>

[ 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:** <https://www.cdtfa.ca.gov/>

#### CALIFORNIA DEPARTMENT OF TAX & FEE ADMINISTRATION

3737 Main St. 10<sup>th</sup> 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 & UNICORPORATED 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 PO Box 1208 Riverside, CA 92530  
 (951) 955-1400

<http://www.rivcobizregistration.org>

[https://plus.rctlma.org/EnerGov\\_Prod/CitizenAccess/Site/Public/Main](https://plus.rctlma.org/EnerGov_Prod/CitizenAccess/Site/Public/Main)

### 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

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