



## 'City of Temecula'

41000 Main Street, Temecula, CA 92590  
(951) 693-3933 [BusinessLicense@TemeculaCA.gov](mailto: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.*

- 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* ]

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#### **NOTE - FOR LOCATIONS INSIDE TEMECULA :**

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- Certificate of Occupancy for commercial/industrial addresses** will be required and obtained from Community Development in addition to Business License issuance. (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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- Agent Letter if sending authorized agent
- Business License Registration Fee of \$ 39.00 [ *check, cash, Credit Card, money order* ]
- Complete description of business conduct under "Statement of Operations"
- Temecula Police, Community Development, Public Works Department Approval via Signature on the business license application (this is obtained after information on application is verified and entered and applicant is routed to the other department for review. These departments are located one counter away in city hall).
- 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.* ]



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## 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.

**C of O PLAN CASE** \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_

Corporate Name \_\_\_\_\_  
(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**

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 \_\_\_\_\_  Credit Card

Department Approvals: Initial and Date

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

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

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

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

**Public Works** \_\_\_\_\_ / \_\_\_\_\_

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

**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:

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

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



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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 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:** \_\_\_\_\_

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



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<b>BUSINESS LICENSE FEE</b>	<b>\$39.00</b>
<b>HOME OCCUPATION FEE</b>	<b>\$20.00</b>
<b>CERTIFICATE OF OCCUPANCY FEE VARIES</b>	

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](http://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.asrclrec.com/filing](http://www.asrclrec.com/filing)

[ 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](http://www.cdtfa.ca.gov)**

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

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 & 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](http://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