



City of Temecula

41000 Main St. Temecula, California 92590

(951) 693-3933 FAX (951) 693-3948 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*]

FOR LOCATIONS INSIDE TEMECULA:

- 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)

-
- 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.



CITY OF TEMECULA

41000 Main Street Temecula, CA 92590 Phone: (951)693-3933
Fax (951) 693-3948 Web Site: www.temeculaca.gov
email: 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 # _____

Business Name _____

Corporate Name _____

(if applicable)

Business Location _____

(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 _____

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. _____

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

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

CITY OF TEMECULA

REQUIREMENTS FOR APPROVAL OF A HOME OCCUPATION

1. The home occupation is conducted entirely within a dwelling or attached enclosed building and must be clearly subordinate to the use of the dwelling for the residential purposes. Not more than twenty (20) percent of the gross floor area is used exclusively for a home occupation, including area used for storage. Horticultural activities may only be conducted outdoors, and shall be within the rear one-half of the parcel.
2. The home occupation shall not alter the appearance of the dwelling unit such that the structure is likely to be recognized as serving a non-residential use (either by color, materials or construction, lighting, signs, sounds or noise, vibrations, etc.).
3. There is no on-site sales of goods or display of goods.
4. There are no signs other than the address and name of resident(s). There is no advertising which identifies the home occupation by street address.
5. Activities conducted and equipment, or material or hazardous materials used, are identified on the home occupation permit application and do not change the fire safety or occupancy classifications of the premises. There is no excessive or unsightly storage of materials.
6. The home occupation does not create or cause hazards or public nuisances due to noise, dust, vibration, odors, smoke, glare, electrical interference, or other reasons.
7. Not more than one employee other than the residents of the dwelling unit, works, gathers, or congregates on the premises in connection with the home occupation with the exception of baby-sitters or domestic staff. In addition, I have provided one additional parking space for the allowable outside employee. The home occupation does not generate pedestrian or vehicular traffic beyond that which is normal and incidental to the residential district in which is located.
8. The home occupation does not result in use of water, sewer, electrical, and natural gas utilities in amounts greater than is normally provided for residential use.
9. The home occupation permit is valid only for the person to whom it is issued, at the address for which it is issued, and during the period of time for which a valid City business license is issued.

Applicant Acknowledgement

I HAVE READ THE ABOVE CONDITIONS FOR A HOME OCCUPATION AND AGREE TO COMPLY WITH THESE CONDITIONS.

Applicant's Name _____ Business Name _____
(Please Print)

Applicant's Address _____ Phone Number _____

Applicant's Signature _____ Date _____

HOME OCCUPATION APPLICATION & CERTIFICATION

Purpose and Intent. The Home Occupation Permit is intended to regulate businesses which are conducted within homes in residential zoning districts, that are clearly incidental to the use of the dwelling unit, that are compatible with surrounding residential uses, and do not reduce the surrounding residents' enjoyment of their homes or neighborhood. A onetime filing fee of \$20.00 will be required upon application submittal. Note: If the home occupation is to be conducted on rental property, the property owner's written authorization for the Home Occupation shall be obtained prior to submittal to the City.

Rental Property Owner Approval

THE ABOVE MENTIONED TENANT HAS MY APPROVAL TO OPERATE THE HOME OCCUPATION ON THE PREMISES. A SEPARATE LETTER OF AUTHORIZATION MAY BE PROVIDED.

Owner / Property Management _____ Phone No. _____

Address _____

Date _____ Property Owner's Signature _____

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



City of Temecula

41000 Main St. Temecula, California 92590
(951) 693-3933 FAX (951) 693-3948 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 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: _____



City of Temecula

41000 Main St. Temecula, California 92590
Phone (951) 693-3933
Fax (951) 693-3948

email: businesslicense@temeculaca.gov

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.

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>

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

HOME OCCUPATION FEE \$ 20.00

Certificate of Occupancy fees vary

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. 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 PO Box 1208 Riverside, CA 92530
(951) 955-1400

<http://www.rivcobizregistration.org>

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

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