



CITY OF TEMECULA

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

BUSINESS LICENSE CHANGE OF ADDRESS 2022-2023

BUSINESS INFORMATION

Business License # _____

Business License Number # _____

A Home Occupation Permit and **\$20.00** fee may apply if you conduct Business out of your home. Signature from the property owner, or their Property Manager is required.

Business Name * _____

**(if using a Fictitious Business Name, include a copy of your approved Fictitious Business Name statement file with the County Clerk)*

FORMER Business Address: _____ **Suite #** _____

City: _____ **State:** _____ **Zip Code:** _____

FORMER Mailing Address: _____ **Suite #** _____

City: _____ **State:** _____ **Zip Code:** _____

NEW Business Address: _____ **Suite #** _____

City: _____ **State:** _____ **Zip Code:** _____

NEW Mailing Address: _____ **Suite #** _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone:** _____

Is this a home-based business? Yes No

SIC Code _____

(If yes, please fill out the Home Occupation Application *in addition* to this form)

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** _____

There is no additional fee to change the physical or mailing address of an existing business license. However, the license will need to be renewed into current year, if not already done, for the new address(es) to become active.

\$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 at 1-800-400-7115.

** OFFICE USE ONLY **

Business License No. _____

Date 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.

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

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:** _____