



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 CHANGE OF ADDRESS 2018 - 2019

| BUSINESS INFORMATION | Certificate of Occupancy # HOME OCCUPATION # _____ | |
|--|---|--|
| Business License Number # _____ Business Name * _____ *(if using a Fictitious Business Name, include a copy of your approved Fictitious Business Name statement file with the County Clerk) | 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. | |
| Former Business Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ Mailing Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ | | |
| New Business Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ Mailing Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ Phone: _____ <input type="checkbox"/> Bus <input type="checkbox"/> Cell <input type="checkbox"/> Home Is Business located in the City of Temecula? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this a home based business located INSIDE Temecula? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill out the Home Occupation Application <i>in addition</i> to this form) | | |
| 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 _____ | | |
| <i>Thank you for doing Business with the City of Temecula</i> | Business License No. _____ Date Application Received _____ Fee \$ _____ Penalty \$ _____ Date Paid _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa / MC INVOICE # _____ | 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.

