



# CITY OF MENIFEE

29714 Haun Road, Meniffee, CA 92586 - (951) 672-6777

## BUSINESS LICENSE APPLICATION

- Please Check Applicable*
- New Application
  - Change of Owner
  - Change of Address
  - Change of Business Name
  - HOME OCCUPATION
  - EXEMPT

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF MENIFEE (PLEASE PRINT OR TYPE)

### OFFICIAL USE ONLY

Business Name _____	Business License No. _____
Corporate Name (if applicable) _____	Bus. Start Date _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	Resale No. _____
	Federal ID No. _____
Mailing Address _____	State ID No. _____
	State License No. _____
	State License Type _____
Phone No. _____ Fax No. _____	Massage Therapy Cert. # _____
Description of Business _____	Expire Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	Website Address _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell No. _____	Email Address _____
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell No. _____	Email Address _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____	License No. _____
Address _____	Phone No. _____

Property Manager / Property Owner

Name _____	Phone No. _____
Address _____	Cell No. _____

Number of Employees	<input style="width: 100%;" type="text"/>
Number of Square Feet	<input style="width: 100%;" type="text"/>

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

*Thank you for doing business in the City of Meniffee*

AFFIDAVIT: I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION IS TRUE AND CORRECT. HOME OCCUPATION ONLY: ALL CRITERIA OUTLINE IN ORDINANCE HAVE BEEN MET.

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF MENIFEE.

<b>FOR OFFICIAL USE ONLY</b>	
<input type="checkbox"/> Credit Card	Date <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Basic Fee <input style="width: 100%;" type="text"/>
	Zoning Fee <input style="width: 100%;" type="text"/>
	Penalty Fee <input style="width: 100%;" type="text"/>
	State CASp Fee \$ 1.00
	Total Due <input style="width: 100%;" type="text"/>
<p>NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a>, The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a>.</p>	