



City of Menifee
SPECIAL EVENT APPLICATION
 Apply online at businesslicenses.cityofmenifee.us

29844 Haun Road
 Menifee, CA 92586
 P: 951-672-6777
businesslicenses@cityofmenifee.us

Business Entity Information – (All fields required)

1	Business Name (DBA):		
3	Business Address:		
4	Business Mailing Address: <input type="checkbox"/> Same as physical address		
5	Event Address:		
6	Business Phone:	Alternate Phone:	<input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Other
7	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		CA Entity/File #:
8	Ownership Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		
9	Email:	Website:	
10	Event Date:	Resale No.: <i>(if applicable)</i>	Federal Employer ID No.:
		Sublet No.:	
12	Detailed description of business: <small>(including any future operations)</small>		
13	Is this business a non-profit or exempt entity (See City of Menifee code 5.01.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete City of Menifee's "Claim of Exemption Form"</i>		

Owners, Partners or Corporate Officers Information – (All fields required. If corporation use corporate name)

14	First Name:		Last Name:	
	Residential Address:			
	Title: <input type="checkbox"/> Sole Proprietor/Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other _____			
	Email:	Date of Birth:	DL#:	Phone Number:

Acknowledgement

18	<p>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:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> The Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx </td> <td style="width: 33%; border: none;"> The Department of Rehabilitation: www.dor.ca.gov </td> <td style="width: 33%; border: none;"> The California Commission on Disability Access: www.cdda.ca.gov </td> </tr> </table> <p>Acceptance of Payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.</p> <p>Payment of this fee does not constitute zoning, building or fire code approval. Check with the Planning Department in order to determine if your business can be legally established at your location.</p> <p>I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.</p>			The Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx	The Department of Rehabilitation: www.dor.ca.gov	The California Commission on Disability Access: www.cdda.ca.gov
The Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx	The Department of Rehabilitation: www.dor.ca.gov	The California Commission on Disability Access: www.cdda.ca.gov				
	For Official Use Only					
	<input type="checkbox"/> Credit Card _____	Base Fee	\$			
	<input type="checkbox"/> Check _____	State CASp	\$			
	<input type="checkbox"/> Cash	Total Amount Due	\$			

Signature of Owner or Authorized Representative

Date