

Business License Startup Checklist



All applicable items must be submitted at the time of application. Items in bold are required for **ALL** Businesses. Incomplete applications may delay the processing of your submittal.

- City of Menifee Business License Application completely filled out**
- Copy of applicant's picture ID/ Driver's License**
- Business License Registration Fee:**

Refer to fee schedule

- Proof of Fictitious Name Filing for the Business Name / DBA with the County of Riverside Clerk's Office
- Articles of Incorporation / Organization / Formation as filed with the Secretary of State
- Pawnbroker License, Solicitor's permit, Taxi permit, and Secondhand Dealer license obtained from the Perris Police Department.
- State Sales Tax ID or Sellers Permit
- ABC liquor License, Cigarette and Tobacco products retailer's License
- State Certification for Licensed Professions (Massage License, Contractor's state License, Medical License, Cosmetologist License)
- Federal ID Number
- Any Federal, State or County permits or licenses required for the business being conducted.

For Businesses located within City of Menifee Boundaries:

- Certificate of Occupancy** (Commercial/Industrial Locations) will be required and obtained from the City of Menifee—Building and Safety Department. Certificate of Occupancy application may not be submitted by mail. Additional fees may apply. If you have any questions regarding the Certificate of Occupancy please contact our Building and Safety Department at 951-672-6777.
- Home Occupation Application** will be required for all home based businesses. A property owner or authorized agent/property management will be required to sign the Home Occupations Application.

Please Note: Business Location cannot be listed as a P.O. Box or storage facility space. A physical address is mandatory.



CITY OF MENIFEE

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

BUSINESS LICENSE APPLICATION

- Please Check One*
- 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)

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

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

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

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

Contact Name _____ Address _____	Phone No. _____ Cell/Pager No. _____
---	---

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

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

Property Manager / Property Owner

Name _____ Address _____	Phone No. _____ Cell/Pager No. _____
---	---

Number of Employees	<input style="width: 100%; height: 20px;" type="text"/>
Number of Square Feet	<input style="width: 100%; height: 20px;" 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 Menifee

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.

FOR OFFICIAL USE ONLY													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Date</td></tr> <tr><td style="height: 40px;"> </td></tr> </table>	Date		<table style="width: 100%;"> <tr> <td style="width: 60%;">Basic Fee</td> <td style="width: 40%; text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Business Zoning Review Fee</td> <td style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Penalty Fee</td> <td style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>State CASp Fee</td> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Total Due</td> <td style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	Basic Fee	<input style="width: 100%; height: 20px;" type="text"/>	Business Zoning Review Fee	<input style="width: 100%; height: 20px;" type="text"/>	Penalty Fee	<input style="width: 100%; height: 20px;" type="text"/>	State CASp Fee	\$ <input style="width: 50px;" type="text"/>	Total Due	<input style="width: 100%; height: 20px;" type="text"/>
Date													
Basic Fee	<input style="width: 100%; height: 20px;" type="text"/>												
Business Zoning Review Fee	<input style="width: 100%; height: 20px;" type="text"/>												
Penalty Fee	<input style="width: 100%; height: 20px;" type="text"/>												
State CASp Fee	\$ <input style="width: 50px;" type="text"/>												
Total Due	<input style="width: 100%; height: 20px;" type="text"/>												
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	<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 www.dgs.ca.gov/dsa/Home.aspx The Department of Rehabilitation at www.rehab.cahwmet.gov - The California Commission on Disability Access at www.cdda.ca.gov.</p>												

Signature of Owner or Representative: _____ **Date:** _____

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

