



City of Menifee
Commercial Site Start-up Checklist
Business License Division

29844 Haun Road
Menifee, CA 92586
P: 951-723-3786
businesslicensing@cityofmenifee.us

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:

\$76.50 - In City Businesses

- 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.



City of Menfee

BUSINESS LICENSE APPLICATION

Apply online at businesslicenses.cityofmenfee.us

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Business Entity Information – (All fields required)

1	Business Name (DBA):		
2	Corporate Business Name:		
3	Business Address:		
4	Business Mailing Address: <input type="checkbox"/> Same as physical address		
5	Business Phone:	Alternate Phone:	<input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Other
6	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 #:
7	Ownership Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other_____		
8	Email:	Website:	
9	NAIC Code: <i>(if known)</i>	Resale No.: <i>(if applicable)</i>	Federal Employer ID No.:
10	State License No.: <i>(if applicable)</i>	License Type:	Exp. Date:
11	Detailed description of business: <i>(including any future operations)</i>		
12	Is this business a non-profit or exempt entity (See City of Menfee code 5.01.060)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete City of Menfee's "Claim of Exemption Form"</i>		

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

13	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#:

Owners, Partners, or Corporate Officers Information- (If applicable)

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#:

Emergency Contact Information

15	Name:		Phone Number:
	Address:		

Authorized Representative Contact Information

16	<input type="checkbox"/> Same as Owner	First Name:	Last Name:
		Email:	Phone Number:

Business Operations Information

17	<ul style="list-style-type: none"> Does your business sell to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business ever sell alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, ABC License Number _____ At any time will your business make marijuana available for purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business offer massages? <input type="checkbox"/> Yes <input type="checkbox"/> No At any time will your business provide a professional service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Medicine, Dentistry, Accounting, Practice of Law, etc.)</i> At any time will your business be an Adult Entertainment Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you use, store or transport chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you manage or produce biohazardous materials or waste? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent/lease your business property? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, provide the property owner and/or property Management Company's contact information. Do you share this space with one or more other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an honorably discharged veteran, Senior or do you receive SSDI/SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No How many employees does your business have working in Menifee? Non-Professional: _____ Professional: _____
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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> <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.ccda.ca.gov</p> <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>	For Official Use Only																			
	<table border="1"> <tr> <td>Payment Date: _____</td> <td>Base Fee</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Credit Card _____</td> <td>Base Fee Reduction</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Check _____</td> <td>State CASp</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td>Zoning Fee</td> <td>\$</td> </tr> <tr> <td><i>(Return application to above address and make checks payable to "City of Menifee")</i></td> <td>NPDES Fee</td> <td>\$</td> </tr> <tr> <td></td> <td>Penalty</td> <td>\$</td> </tr> <tr style="background-color: yellow;"> <td></td> <td>Total Amount Due</td> <td>\$</td> </tr> </table>	Payment Date: _____	Base Fee	\$	<input type="checkbox"/> Credit Card _____	Base Fee Reduction	\$	<input type="checkbox"/> Check _____	State CASp	\$	<input type="checkbox"/> Cash	Zoning Fee	\$	<i>(Return application to above address and make checks payable to "City of Menifee")</i>	NPDES Fee	\$		Penalty	\$		Total Amount Due
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Signature of Owner or Authorized Representative

Date



City of Meniffee
Statement of Operations
Business License Division

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Provide a written statement outlining the nature of the business to be conducted within the stated location. Your response should give a detailed description of the proposed use and shall include, but it is not limited to:

- A detailed description of the business
- Hours and days of operation
- Number of employees
- Storage needs (Include storage location, and type of materials stored)
- Vehicles used or stored

Signature

Date