



City of Menifee 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**
- SIC Code – <https://naics.com>**
- Business License Registration Fee:**

See 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

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 Menifee

BUSINESS LICENSE APPLICATION

Apply online at businesslicenses.cityofmenifee.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	Service of Process Address: Residential Address to Protect: <input type="checkbox"/> Business Location <input type="checkbox"/> Mailing Address <input type="checkbox"/> Owner/Officer Address <small>Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code</small>		
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	Location Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Based/Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Other_____		
9	Email:	Website:	
10	SIC Code (Required):	Resale No.: <small>(if applicable)</small>	Federal Employer ID No.:
11	State License No.: <small>(if applicable)</small>	License Type:	Exp. Date:
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#:

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

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- Does your business sell to the general public? Yes No
- At any time will your business ever sell alcoholic beverages? Yes No
 - If yes, ABC License Number _____
- At any time will your business make marijuana available for purchase? Yes No
- At any time will your business offer massages? Yes No
- At any time will your business provide a professional service? Yes No
(Medicine, Dentistry, Accounting, Practice of Law, etc.)
- At any time will your business be an Adult Entertainment Business? Yes No
- Will you use, store or transport chemicals? Yes No
- Will you manage or produce biohazardous materials or waste? Yes No
- Do you rent/lease your business property? Yes No
 - 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? Yes No
- Are you an honorably discharged veteran, Senior or do you receive SSDI/SSI? Yes No
- How many employees does your business have working in Menifee? Non-Professional: _____
Professional: _____

Acknowledgement

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: 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

Acceptance of Payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.

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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.

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.

For Official Use Only		
Payment Date: _____ <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <small>(Return application to above address and take checks payable to "City of Menifee")</small>	Base Fee 100-3250	\$
	State CASp Fee 100-2296	\$
	Zoning Fee 100-3251	\$
	NPDES FEE 100-3263	\$
	Penalty 100-3851	\$
	Total Amount Due	\$

Signature of Owner or Authorized Representative

Date

