



City of Menifee

## BUSINESS LICENSE APPLICATION

Apply online at [businesslicenses.cityofmenifee.us](http://businesslicenses.cityofmenifee.us)

29844 Haun Road  
Menifee, CA 92586  
P: 951-672-6777  
[businesslicensing@cityofmenifee.us](mailto:businesslicensing@cityofmenifee.us)

### 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](http://www.dgs.ca.gov/dsa/Home.aspx) | The Department of Rehabilitation: [www.dor.ca.gov](http://www.dor.ca.gov) | The California Commission on Disability Access: [www.cdda.ca.gov](http://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		
<b>Payment Date:</b> _____  <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>	<b>Base Fee</b> 100-3250	\$
	<b>State CASp Fee</b> 100-2296	\$
	<b>Zoning Fee</b> 100-3251	\$
	<b>NPDES FEE</b> 100-3263	\$
	<b>Penalty</b> 100-3851	\$
	<b>Total Amount Due</b>	\$

Signature of Owner or Authorized Representative

Date