



# 'City of Temecula'

41000 Main Street, Temecula, CA 92590  
(951) 693-3933 [BusinessLicense@TemeculaCA.gov](mailto:BusinessLicense@TemeculaCA.gov)

## **LETTER OF AUTHORIZATION**

AUTHORIZATION OF AGENT TO ACT ON BEHALF OF BUSINESS OWNER / COMPANY.

**Business License Number (if issued) :** \_\_\_\_\_  
**Business / Company Name :** \_\_\_\_\_  
**Name of Owner / Corporate Officer :** \_\_\_\_\_  
**Business Address :** \_\_\_\_\_  
**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip :** \_\_\_\_\_

*I hereby authorize the following person to act as an agent to:*

- **Business License Application** - to apply for, renew, sign, and file documents necessary to obtain any business license and/or permit
- **Update to Record** - to update business license record and file necessary changes  
(ie. Change of Address, FBN Fictitious Business Name, Change of Corporate Officers)
- **Citizens Self Service** - to renew the business license online via CSS and/or pay fees and invoices

### **AUTHORIZED AGENT INFORMATION:**

\*NOTE: Authorized Agent will be required to provide identification at time of business license application/issuance.

Authorized Agents Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_ E-mail : \_\_\_\_\_

### **DECLARATION:**

I declare under penalty of perjury that I am the authorized owner/officer of the above referenced business and certify to the accuracy of this authorization form. *THIS ORIGINAL AUTHORIZATION FORM, CONTAINING AN ORIGINAL SIGNATURE, MUST BE FURNISHED AND REMAIN ON FILE WITH THE CITY OF TEMECULA.*

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

If other Department Approvals are required, **PLEASE RETURN THIS FORM** after signatures above have been obtained.