



CITY OF TEMECULA

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

BUSINESS LICENSE APPLICATION

Business Licenses Expire on **January 31st**

PLEASE CHECK ONE

- New Application**
- Change of Officer/s * [Corp. only] *
- Change of Business Name [w/ FBN]
- Reactivate

*** Please note that all information in this section is public record subject to disclosure.***

Please type or print. Make changes in printed format where necessary.

Business License # _____

Business Name (DBA) _____ **Company** _____

Email _____

Corporate Name _____

(if applicable)

Business Location _____ **Suite** _____ **Phone No.** _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Check box if residential

City _____ **State** _____ **Zip** _____

Mailing Address _____

Description of Business _____ **SIC Code** _____

Sellers Permit No. _____ **Ownership** Corp LLC Partnership Sole Prop

State Lic. Certification No. _____ **State Lic. Classification** _____

Business Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) (REQUIRED FIELDS)

1st Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Phone No.** _____

City _____ **State** _____ **Zip** _____ **Email** _____

2nd Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____ **Phone No.** _____

City _____ **State** _____ **Zip** _____ **Email** _____

Property Owner or Management (REQUIRED FOR INSIDE CITY LOCATION ONLY)

Property Owner / Management _____ **Title** _____

Address _____ **Phone No.** _____

General Information (Check all conduct that applies for your business)

Yes No	Yes No	Yes No
Applicant Exempt from Public Disclosure	Tattoo Parlors	Door-Door Solicitor
Bingo Gaming	Sales of Tobacco Products or paraphernalia	Sales of Firearms
Fortune Telling Establishment	Sales of Alcohol	Hazardous Materials on site
Adult/Sexually Oriented Business or products sold	Drug Sales or Treatment	Explosives / Firearms on site
Secondhand Dealer / Pawn Broker	Massage Establishment or Technician	Hours of Operation _____
Taxicab Business or Driver	Network Transportation Company (Uber, Lyft, etc.)	Number of Parking Spaces _____

Applicant Signature (REQUIRED FIELDS)

I DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ALL REQUIRED LICENSES ARE IN FULL FORCE AND EFFECT. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date : _____ **Signature of Owner or Authorized Representatives** _____

AMOUNT DUE

\$39.00

NON-REFUNDABLE

\$35.00 Registration & \$4 Surcharge for AB1379

NOTE : Sales or use tax may apply to your business activities. You may seek advice regarding the application of tax to your particular business by contacting the nearest State Board of Equalization office. For general information, please call the State Board of Equalization @ 1-800-400-7115.

Thank You for doing business in the City of Temecula.

Please make your check payable to the City of Temecula.

(There will be a Service Charge on all returned checks).

**** OFFICE USE ONLY ****

Business License No. _____

Date Application Received _____

License Fee \$ _____ **Penalty \$** _____

Date Paid _____ **INV #** _____

Cash Check _____ Credit Card

Department Approvals will be approved electronically.

Please register for an online account through the Citizen Self Service (CSS) portal at temeculaca.gov/css to track the status of your application.

Upon approval, print your Business License Certificate from your CSS dashboard by selecting License. The Certificate must be displayed in a conspicuous area at the business location.

STATEMENT OF OPERATIONS

BUSINESS NAME: _____

Missing information will result in form being returned and delay processing time

Provide a written statement outlining your request for a Business License. Your response must give a detailed description of the proposed use and shall include, but not limited to:

Hours and days of operation: _____

Number of employees: _____

Detailed description of the business: _____

Live entertainment? Yes ___ or No ___ If yes, please specify type of entertainment:

Alcohol Served? Yes ___ or No ___ If yes, please specify license type _____

Are you subleasing? Yes ___ or No ___ If yes, please provide the name of the Lessee:

Signature: _____ **Date:** _____



'City of Temecula'

41000 Main Street, Temecula, CA 92590
(951) 693-3933 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: _____