



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. C of O PLAN CASE _____

Business Name (DBA) _____

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 _____

Enter below names of 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 _____

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

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Please make your check payable to the City of Temecula. (There will be a Service Charge on all returned checks). \$35.00 Registration & \$4 Surcharge for AB1379 <small>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.</small> <i>Thank You for doing business in the City of Temecula.</i>	** OFFICE USE ONLY **	Department Approvals: Initial and Date
	Business License No. _____ Date Application Received _____ License Fee \$ _____ Penalty \$ _____ Date Paid _____ INV # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> Credit Card	Planning _____ / _____ Building _____ / _____ Fire _____ / _____ Police _____ / _____ Public Works _____ / _____

STATEMENT OF OPERATIONS

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 is not limited to:

- A detailed description of the business
- Hours and days of operation
- Number of employees

Signature _____ Date _____



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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.