



# CITY OF TEMECULA

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

## BUSINESS LICENSE CHANGE OF ADDRESS 2022-2023

### BUSINESS INFORMATION

**C of O PLAN CASE** \_\_\_\_\_

Business License Number # \_\_\_\_\_

A Home Occupation Permit and **\$20.00** fee may apply if you conduct Business out of your home. Signature from the property owner, or their Property Manager is required.

Business Name \* \_\_\_\_\_

*\*(if using a Fictitious Business Name, include a copy of your approved Fictitious Business Name statement file with the County Clerk)*

**FORMER** Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FORMER** Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NEW** Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NEW** Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is this a home-based business?**  Yes  No

**SIC Code** \_\_\_\_\_

(If yes, please fill out the Home Occupation Application *in addition* to this form)

### 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 \_\_\_\_\_

There is no additional fee to change the physical or mailing address of an existing business license. However, the license will need to be renewed into current year, if not already done, for the new address(es) to become active.

**\$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 at 1-800-400-7115.

#### \*\* OFFICE USE ONLY \*\*

Business License No. \_\_\_\_\_

Date Received \_\_\_\_\_

License Fee \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ INV # \_\_\_\_\_

Cash  Check \_\_\_\_\_  Credit Card

Department Approvals: Initial and Date

**Planning** \_\_\_\_\_ / \_\_\_\_\_

**Building** \_\_\_\_\_ / \_\_\_\_\_

**Fire** \_\_\_\_\_ / \_\_\_\_\_

Police \_\_\_\_\_ / \_\_\_\_\_

Public Works \_\_\_\_\_ / \_\_\_\_\_

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

**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 \_\_\_\_\_