



CITY OF TEMECULA

41000 Main Street Temecula, CA. 92590
Phone: (951)693-3933 Fax (951) 693-3948 Web Site: www.temeculaca.gov
EMAIL: businesslicense@temeculaca.gov

BUSINESS LICENSE CHANGE OF ADDRESS 2019 - 2020

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|--|---|---|
| BUSINESS INFORMATION | Certificate of Occupancy # HOME OCCUPATION # | |
| Business License Number # _____ 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: _____ Mailing Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ | A Home Occupation Permit and \$ 20.00 Fee may apply if you conduct Business out of your home. Signature and or permission from the property owner, or their Authorized Agent / Property Manager is required. | |
| New Business Address: _____ Suite # _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> City: _____ State: _____ Zip Code: _____ Mailing Address: _____ Suite # _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ Phone: _____ <input type="checkbox"/> Bus <input type="checkbox"/> Cell <input type="checkbox"/> Home | | |
| Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Business located in the City of Temecula? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this a home based business located INSIDE Temecula? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill out the Home Occupation Application <i>in addition</i> to this form) | | |
| 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. <small>(There will be a Service Charge on all returned checks).</small> \$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 ** Business License No. _____ Date Received _____ License Fee \$ _____ Penalty \$ _____ Date Paid _____ INV # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC | 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 _____