Clear Form

MENIFEE FINANCE

City of Menifee

BUSINESS LICENSE APPLICATION

Apply online at businesslicenses.cityofmenifee.us

29844 Haun Road Menifee, CA 92586
P: 951-672-6777
businesslicenses@cityofmenifee.us

Business Entity Information (All fields required)

1	**Business Name (DBA):**
2	**Corporate Business Name:**
3	**Business Address:**
4	**Business Mailing Address:** ☐ *Same as physical address*
5	**Service of Process Address:** **Residential Address to Protect:** ☐ **Business Location** ☐ **Mailing Address** ☐ **Owner/Officer Address** *Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a) (2) and 16100.1(a)(2) of the Business and Professions Code*
6	**Business Phone:** / **Alternate Phone:** ☐ **Fax** ☐ **Cell** ☐ **Other**
7	**Business Type:** ◯ **Corporation** ◯ **Ltd. Liability Corp.** ◯ **Partnership** ◯ **Sole Proprietor** ◯ **Trust** **CA Entity/File #:**
8	**Location Type:** ◯ **Commercial** ◯ **Home Based/Occupation** ◯ **Industrial** ◯ **Other**_____
9	**Email:** / **Website:**
10	**SIC Code (REQUIRED):** / **Resale No.:** *(if applicable)* / **Federal Employer ID No.:**
11	**State License No.:** *(If applicable)* / **License Type:** / **Exp. Date:**
12	**Detailed description of business:** (including any future operations)
13	**Is this business a non-profit or exempt entity (See City of Menifee code 5.01.060)?** ◯ **Yes** ◯ **No**

Owners, Partners or Corporate Officers Information (All fields required. If corporation use corporate name)

14	**First Name:** / **Last Name:**
	Residential Address:
	Title: ☐ **Sole Proprietor/Owner** ☐ **Partner** ☐ **President** ☐ **Managing Member** ☐ **Other**_____
	Email: / **Date of Birth:** / **DL#:** / **Phone Number:**

Emergency Contact Information

15	**Name:** / **Phone Number:**
	Address:

Authorized Representative Contact Information

16	☐ **Same as Owner**	**First Name:**	**Last Name:**
		Email:	**Phone Number:**

Business Operations Information

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- **Does your business sell tangible goods to the general public?** ○ Yes ○ No
  - **If yes, does your business provide/sell food products?**
- **Does your business have an active food recovery/donation agreement?** ○ Yes ○ No
  - **If yes, please complete SB1383 Supplemental Form**
- **At any time will your business ever sell alcoholic beverages?** ○ Yes ○ No
  - **If yes, ABC License Number**
- **At any time will your business make marijuana available for purchase?** ○ Yes ○ No
- **At any time will your business offer massages?** ○ Yes ○ No
- **At any time will your business provide a professional service?** ○ Yes ○ No
  (Medicine, Dentistry, Accounting, Practice of Law, etc.)
- **At any time will your business be an Adult Entertainment Business?** ○ Yes ○ No
- **Will you use, store or transport chemicals?** ○ Yes ○ No
- **Will you manage or produce biohazardous materials or waste?** ○ Yes ○ No
- **Do you rent/lease your business property?** ○ Yes ○ No
  - **If yes, provide the property owner and/or property Management Company's contact information.**
- **Do you share this space with one or more other businesses?** ○ Yes ○ No
- **Are you an honorably discharged veteran, Senior or do you receive SSDI/SSI?** ○ Yes ○ No
- **How many employees does your business have working in Menifee?** **Employees:** _____

Acknowledgement

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Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect:	**The Department of Rehabilitation:**	**The California Commission on Disability Access:**
www.dgs.ca.gov/dsa/Home.aspx	www.dor.ca.gov	www.ccda.ca.gov

Acceptance of Payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.

Payment of this fee does not constitute zoning, building or fire code approval. Check with the Planning Department in order to determine if your business can be legally established at your location.

I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

For Official Use Only

Payment Date: _____

☐ **Credit Card** _____

☐ **Check** _____

☐ **Cash**

(Return application to above address and take checks payable to "City of Menifee")

Base Fee *100-3250*	$
State CASp Fee *100-2296*	$
Zoning Fee *100-3251*	$
NPDES FEE *100-3263*	$
Penalty *100-3851*	$
Total Amount Due	$

Signature of Owner or Authorized Representative Date

Click to Submit