



City of Temecula

41000 Main St., Temecula, California 92590
businesslicense@TemeculaCA.gov (951) 693-3933

Business License Checklist

*All items listed below, as applicable to your business, must be submitted at the time of application.
Incomplete applications may delay the processing of your submittal.*

The non-refundable business license application fee is \$39. Home occupation applications require an additional \$20 fee for the initial application. Applicant shall be required to pay the fee which is intended to recover the cost of processing the application.

Application - Inside the City

- Business License Application with all information provided.
 - **Physical business address cannot be a PO Box, business service location (UPS / Fed Ex Store, etc.) or Storage Facility Space** [per State of California Business & Professions Code – Section 17538.5].
- Statement of Operations including the complete detailed description of business.
- Home Occupation form signed by the property owner, if conducting business from a residential address.
- Letter of Authorization signed by the business owner if someone other than the owner is applying.

Supporting Documents

- Fictitious Business Name certificate that has been filed and stamped by the County of Riverside.
- Articles of Incorporation/Organization/Formation that have been filed with the Secretary of State.
- Seller's Permit certificate for the city of Temecula (if engaged in the sale of tangible goods or rentals requiring sales tax to be collected).
- State License / Certification for licensed professions (i.e., state contractor's license, medical license, cosmetology, etc.)
- Any County / State / Federal permits, licenses or certificates required for the business (i.e., Health Permit, Food Handler's Certificate, DMV dealer license, CPUC, etc.)
- Non-profit Organization 501(c)(3) or Veteran's DD214 documents are required to waive the application fee.
- Taxi Permit / Secondhand Dealer / Pawnbroker License obtained from the Temecula Police Department, if conducting these types of businesses. *This permit must be obtained prior to submitting the business license application.
- ABC / Liquor License, Tobacco Retail License and Tobacco Retail Application, if selling alcohol or tobacco products.

Firearms Dealers – In addition to the items listed above, the following must be provided at time of submission:

- Federal Firearms License (FFL)
- Certificate of Eligibility (COE)

Firearms businesses require police approval before the application can be approved



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BUSINESS LICENSE APPLICATION

Business Licenses Expire on **January 31st**

We are pleased to waive the \$35 application fee with valid documents*:

Honorably discharged retired veteran
-DD214

Non-Profit
-Proof of 501(c)(3) status

*Applicant is responsible for the \$4 state fee

*** 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 Name (DBA) _____

Corporate / LLC Name _____
(if applicable)

Business Address _____ **Suite** _____
(Cannot be a PO Box per State of California Business & Professions Code-Section 17538.5)

Check box if residential **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Contact Phone Number _____ **Contact Email** _____

Description of Business _____

State Lics Number _____ **Ownership Type:** Corp LLC Partnership Sole Prop **SIC Code** _____

Business Owners, Partners, or Corporate Officers (Person's name(s) required, no entity names)

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** _____

Please complete the Letter of Authorization form for Store Manager or other point of contact.

Property Owner or Management (REQUIRED FOR INSIDE CITY COMMERCIAL LOCATIONS)

Property Owner / Management _____ **Title** _____

Address _____ **Phone No.** _____

General Information (Check mark required for each box below)

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

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 Representative** _____

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.

** 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:** _____



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LETTER OF AUTHORIZATION

Authorization of agent to act on behalf of business owner / company.

*PLEASE USE THIS FORM TO DESIGNATE A MANAGER OR OTHER POINT OF CONTACT.

AUTHORIZED AGENT INFORMATION:

*NOTE: Authorized Agent will be required to provide identification at time of business license application/issuance.

Authorized Agent's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

I hereby authorize the above-listed person to act as an agent to:

- **Business License Application** - apply for, renew, sign and file documents necessary to obtain any business license and/or permit
- **Update Records** - update business license record and file necessary changes
(ie. Change of address, update corporate officers, close account)
- **Citizens Self Service** - renew the business license online via CSS and/or pay fees and invoices

Business / Company Name : _____

Name of Owner / Corporate Officer : _____

Business Address : _____

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

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.*

*The person signing this document must be listed as an owner on Section B of the application.

Signature of Owner / Officer: _____ **Date:** _____

Printed Name: _____



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BUSINESS LICENSE FEE	\$39.00
HOME OCCUPATION FEE	\$20.00
CERTIFICATE OF OCCUPANCY FEE VARIES	

Welcome to the City of Temecula!

The following information has been compiled and provided to all new Business License applicants.

Whether your business is family owned or corporate size, the City of Temecula can help you get the right start. Per Section 5.04.030 of the City's Municipal Code, a business license is required for all commercial, industrial, professional, retail and home-based businesses transacting business within the City limits.

Visit the City's website at TemeculaCA.gov to download the Business License Application forms, and to learn more about the business license process.

FICTITIOUS BUSINESS NAME or DBA

If you use any name other than your legal given name [first and last name] you must file for a fictitious name:

RIVERSIDE COUNTY CLERK'S OFFICE

41002 County Center Drive
Temecula, CA 92591
(951) 600-6200 or (951) 486-7000

www.rivcoacr.org/FictitiousBusinessNames
[additional fees may apply]

SELLERS PERMIT or RETAIL SALES TAX ID NUMBER

If you do any sale of goods, a Retail Sales Tax ID Number is required prior to issuance of a Business License:

Register online at: www.cdtfa.ca.gov

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (formerly known as BOE)

3737 Main St. 10th floor #1000
Riverside CA 92506
(951) 680-6400

OR

(800) 400-7115

35-900 Bob Hope Dr #280
Rancho Mirage, CA 92270
(760) 770-4828

WINE COUNTRY & UNINCORPORATED CITIES OF RIVERSIDE COUNTY

If your business address is outside of Temecula and you are NOT doing business inside the city limits :

RIVERSIDE COUNTY BUSINESS REGISTRATION & LICENSE PROGRAM

4080 Lemon St or PO Box 1208
Riverside, CA 92530
(951) 955-1400

rctlma.org/trans/stormwatercompliance

FOOD HANDLERS PERMIT CARD

If you intend to prepare and/ or sell food of any type:

COUNTY HEALTH DEPARTMENT

38740 Sky Canyon Drive
Murrieta, CA
(951) 461-0284

ABC [LIQUOR] LICENSE

If you intend to serve alcoholic beverages:

ALCOHOLIC BEVERAGE CONTROL

3737 Main Street #900
Riverside, CA 92506
(951) 782-4400