



BUSINESS LICENSE APPLICATION

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

Reactivate

Please type or print. Make changes in printed information where necessary.

Sales tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest California State Board of Equalization office.

Business Name _____

Corporate Name _____
 (if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5) Unless Home Based

Mailing Address _____

Phone No. _____ **Fax No.** _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

EDD No. _____

State Lic. No. _____

State Lic. Classification _____

Email Address _____

Is your business located in the City of Murrieta? Yes No

If yes, is this a home based business? Yes No

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____
(Cannot be P.O. Box)

Driver Lic. No. _____

Soc. Sec. No. _____

Home Phone No. _____ **Cell / Pager No.** _____

2nd Owner Name _____ **Title** _____ **Date of Birth** _____

Home Address _____
(Cannot be P.O. Box)

Driver Lic. No. _____

Soc. Sec. No. _____

Home Phone No. _____ **Cell / Pager No.** _____

In case of emergency, please contact (attach additional sheet, if necessary) **REQUIRED FIELDS**

Contact Name _____ **Phone No.** _____

Address _____ **Cell/Pager No.** _____

Enter below the Property Management / Alarm Company **CITY LOCATION ONLY**

Property Management _____ **Phone No.** _____

Address _____

Alarm Company _____ **Phone No.** _____

Address _____

General Information

<input type="checkbox"/> <input type="checkbox"/> Bingo Gaming	<input type="checkbox"/> <input type="checkbox"/> Tattoo Parlors	<input type="checkbox"/> <input type="checkbox"/> Door-to-Door Solicitor
<input type="checkbox"/> <input type="checkbox"/> Cyber Café	<input type="checkbox"/> <input type="checkbox"/> Sales of Tobacco Products	<input type="checkbox"/> <input type="checkbox"/> Sales of Firearms
<input type="checkbox"/> <input type="checkbox"/> Fortune Telling Establishment	<input type="checkbox"/> <input type="checkbox"/> Sales of Tobacco Products or Paraphernalia	<input type="checkbox"/> <input type="checkbox"/> Hazardous Materials on site
<input type="checkbox"/> <input type="checkbox"/> Adult / Sexually Oriented Business or products sold	<input type="checkbox"/> <input type="checkbox"/> Sales of Alcohol	<input type="checkbox"/> <input type="checkbox"/> Explosives / Firearms on site
<input type="checkbox"/> <input type="checkbox"/> Secondhand Dealer Pawn Broker	<input type="checkbox"/> <input type="checkbox"/> Drug Sales or Treatment	Hours of Operation _____
	<input type="checkbox"/> <input type="checkbox"/> Massage Establishment or Technician	Number of Parking Spaces _____
	<input type="checkbox"/> <input type="checkbox"/> Taxicab Business or Driver	

Gross receipts directly attributable to your Murrieta business activities last year or if new business estimated annual sales for next year.

\$ _____

Company vehicles with advertising going to any locations in Murrieta are \$10.00 per vehicle

No. of Vehicles _____ x \$10.00 = \$ _____

No. of Vending Machines _____ x \$10.00 = \$ _____

Total Number of Employees _____

A penalty of 25% of license fee on the first day of the month following due date plus interest at the rate of 1.5% per month will be assessed until paid.



CITY OF MURRIETA
 24601 Jefferson Avenue - Murrieta, CA 92562
 (951) 461-6042

BUSINESS LICENSE APPLICATION

Please Check One

- New Application**
- Change of Owner**
- Change of Address**
- Change of Business Name**
- Reactivate**

Business Name: _____

CITY USE ONLY	APPROVALS	FEES
CATEGORY _____		Base Fee <input style="width: 100%;" type="text"/>
BUS. LIC # _____	PLANNING _____	Vehicle Fee <input style="width: 100%;" type="text"/>
RECEIPT # _____	BY _____ DATE _____	Vending Machine Fee <input style="width: 100%;" type="text"/>
SIC # _____	FIRE _____	Other <input style="width: 100%;" type="text"/>
VEHICLE TAG # _____	BY _____ DATE _____	Penalty <input style="width: 100%;" type="text"/>
VENDING MACHINE TAG # _____	BUILDING _____	Total Amount Due <input style="width: 100%;" type="text"/>
DATE APPLIED _____	BY _____ DATE _____	
DATE APPROVED _____	POLICE _____	
DATE EXPIRES _____	BY _____ DATE _____	

The issuance or granting of this Business License shall not be construed to be an approval of any conditions required by other regulatory agencies or departments which if not complied with may constitute a violation and may prevent or delay business activities.

I declare, under penalty of perjury, that the information in this application is true and correct.

Print Name _____ Title: _____

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF MURRIETA.