



Administrative Services- Licensing
 130 South Main Street
 Lake Elsinore, CA 92530
 PH 951.674.3124 x 302
 FAX 951.471.0052

OFFICE USE ONLY	
BUSINESS LICENSE NO:	
BUSINESS ID NO:	
CONTACT ID NO:	

BUSINESS LICENSE APPLICATION

(Out of town based businesses)

BUSINESS NAME:	BUSINESS PHONE:
CORPORATE NAME (If applicable)	BUSINESS START DATE:
LOCATION ADDRESS:	ZIP:
EMAIL ADDRESS:	
BUSINESS DESCRIPTION:	

MAILING ADDRESS IF DIFFERENT THAN ABOVE

ADDRESS			
CITY	STATE	ZIP:	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST
<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> CORP - LTD LIABILITY	<input type="checkbox"/> OTHER	

BUSINESS INFORMATION

FEDERAL TAX ID:	OR EIN#	
STATE CONTRACTORS LICENSE:	TYPE:	EXP.
PLEASE ATTACH COPIES OF THE FOLLOWING IF APPLICABLE:		
<input type="checkbox"/> FICTITIOUS NAME STATEMENT	<input type="checkbox"/> SELLERS PERMIT/RESALE NUMBER	<input type="checkbox"/> HEALTH PERMIT
<input type="checkbox"/> OTHER		

OWNER INFORMATION-CONFIDENTIAL

OWNER/OFFICER NAME:	Alternate Phone or Cell Number:		
ADDRESS:			
CITY	STATE	ZIP	TITLE
OWNER/OFFICER NAME:	Alternate Phone or Cell Number:		
ADDRESS:			
CITY	STATE	ZIP	TITLE

LICENSE FEE SCHEDULE*	
GENERAL -	\$72.00 YEAR
PROFESSIONAL -	\$94.00 YEAR
CONTRACTORS - A & B	\$108.00 YEAR
C & D	\$ 65.00 YEAR
LICENSE FEES DUE	
License fee*	_____
State CASp fee	<u>\$4.00</u>
Process Fee	<u>\$38.00</u>
Total Due	_____

I declare under penalty of perjury that the statements made in this application are true. I acknowledge and understand that the Business License Certificate issued by the City of Lake Elsinore is a receipt evidencing that I have paid the City of Lake Elsinore Business License Tax imposed under Section 5.08 of the Lake Elsinore Municipal Code for the period indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws.

Applicant Signature/Date _____

License Approval /Date _____