



## HOME OCCUPATION REGULATIONS

Community Development Department / Planning Division  
3232 Main Street, Lemon Grove, CA 91945  
Phone: 619-825-3805 Fax: 619-825-3818  
[www.lemongrove.ca.gov](http://www.lemongrove.ca.gov)

If you would like to operate a home business, you must first obtain a City Home Occupation Permit, purchase a Business License and be able to meet the following criteria:

1. No employees shall be employed on the premises.
2. All business must be conducted indoors (except for permitted agricultural/horticultural uses).
3. No more than 20% of your home may be used in this business.
4. No storage or display may be visible from the exterior of your dwelling.
5. Your business may not create sounds which may disturb your neighbors.
6. No sounds may be created which can be heard outside the dwelling between 8 PM and 8 AM.
7. You may not generate electrical interference to television or radio reception.
8. You may not display any signs.
9. Generally, all sales must be conducted off of the premises.
10. You may not rent any item to customers (Rental service *tbd by CDD*).
11. Mechanical equipment may not exceed 2 horsepower combined capacity.
12. Ceramic kilns are limited to 6 kilowatts or gas fired equivalent.
13. No trucks exceeding a 1 ton rating may be used.
14. Your business may not create an abnormal demand for municipal or utility services.
15. Your business must comply with all applicable codes and ordinances.
16. Your property address may not be used in advertising.
17. Generally, no more than 6 clients a day may visit your home (*tbd by CDD*).
18. Generally, group meetings are prohibited (*tbd by CDD*).
19. Commercial deliveries are limited to 1 per week.
20. No more than 2 clients may visit your home at one time.

**Please detach and keep this page of Home Occupation Regulations.**

More information regarding Home Occupations is located in the Lemon Grove Municipal Code, Chapter 18.20 Home Occupation available at City Hall or on our website:

[www.ci.lemon-grove.ca.us/MunicipalCode/Chapter18.20](http://www.ci.lemon-grove.ca.us/MunicipalCode/Chapter18.20)



# HOME OCCUPATION PERMIT APPLICATION

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3232 Main Street, Lemon Grove, CA 91945  
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[www.lemongrove.ca.gov](http://www.lemongrove.ca.gov)

A City of Lemon Grove Business License is required for all Home Occupation Permits. Please fill out the following application, answering all the questions completely and accurately.

NAME OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

APPLICANT(S) NAME: \_\_\_\_\_

PROPOSED BUSINESS DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU THE PROPERTY OWNER AT THIS ADDRESS  YES  NO

If you are not the Property Owner, please have the property owner answer the following questions, including a written statement that the property owner is aware that you propose to conduct a business out of this residence.

PROPERTY OWNER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STATEMENT FROM PROPERTY OWNER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY AGREE TO ABIDE BY THE REGULATIONS STATED ABOVE.

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## TO BE COMPLETED BY PLANNING STAFF

APPLICATION PROCESSING:

ZONE: \_\_\_\_\_ LAND USE: \_\_\_\_\_

APN: \_\_\_\_\_

DATE: \_\_\_\_\_  APPROVED  DISAPPROVED

FEES: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_  CONDITIONALLY APPROVED (See Below)

COMMENTS and/or CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CITY OF LEMON GROVE

3232 Main Street • Lemon Grove, CA 91945  
Attn: Business License • (619) 825-3800

## BUSINESS LICENSE APPLICATION

 New Application  
 Change of Business Name

Business Name _____	Enter number of Employees [ ]	Enter number of Vehicles [ ]
Business Location (Not P.O. Box) _____ City _____ State _____ Zip _____	Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO	Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address (if Different) _____ City _____ State _____ Zip _____	Business In Operation Preceding year <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bus. Phone ( ) _____ Bus. Fax ( ) _____	<input type="checkbox"/> In-City	
E-Mail Address _____	<input type="checkbox"/> Out of City	
	<input type="checkbox"/> Home Occupation	

Start Date _____	Description of Business _____
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Ownership  Corporation  Ltd Liability Corp  Partnership  Sole Proprietor  Trust

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Resale No. \_\_\_\_\_ Federal I. D. No. \_\_\_\_\_ State I. D. No. \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary**

Owner Name _____	Title _____	Phone ( ) _____
Home Address _____	City _____ State _____ Zip _____	Cell Phone ( ) _____
Owner Name _____	Title _____	Phone ( ) _____
Home Address _____	City _____ State _____ Zip _____	Cell Phone ( ) _____

**In case of emergency, please contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Alarm Company (if applicable)**

Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Date: \_\_\_\_\_ Signature of Owner or Representative: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Business License No. _____	Planning Dept. _____ /
Receipt # _____	Code Enforcement _____ /
Date Paid _____	Fire Dept. _____ /
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC / VISA	COMMENTS: _____

Base Fee	\$
Employee Fee	\$
Per Item Fee	\$
Processing Fee	\$ 30.00
Storm Water Fee	\$
Fire Fee	\$
State CASp Fee	\$ 4.00
<b>TOTAL AMOUNT DUE</b>	\$

Name as it appears on Credit Card: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**NOTICE:** 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 at [www.dgs.ca.gov/dsa/home.aspx](http://www.dgs.ca.gov/dsa/home.aspx), The Department of Rehabilitation at [www.rehab.cshwrnet.gov](http://www.rehab.cshwrnet.gov), The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**CITY OF LEMON GROVE  
SCHEDULE OF ANNUAL BUSINESS LICENSE FEES**

<b>FIXED LOCATION IN CITY (IN-CITY)</b>		<b>BILLBOARD ADVERTISING</b>		<b>PROFESSION</b>	
Base Fee	\$ 15.00	Base Fee	\$ 100.00	Base Fee	\$ 25.00
Employee Charge	\$ 2.00 each	Three (3) or more	\$ 10.00 each	Employee Charge	\$ 2.00 each
(Maximum Employee Charge =\$100.00)				(Maximum Employee Charge=\$100.00)	
<b>APARTMENTS</b>		<b>BOWLING ALLEY</b>		<b>REAL ESTATE BROKER</b>	
Per Unit (Min. fee = \$10)	\$ 3.00 each	Base Fee	\$ 15.00	Base Fee	\$ 15.00
		Per Lane	\$ 10.00	Per Salesman	\$ 10.00
<b>NO FIX LOCATION IN CITY (OUT-OF-CITY)</b>		<b>CIRCUS/CARNIVAL</b>		<b>SHOOTING GALLERIES/ARCADE</b>	
Wholesalers/Licensed Contractors		\$ 250.00		Amusement Center	
Base Fee	\$ 15.00			\$100.00	
Employee Charge	\$ 2.00 each	<b>COIN OPERATED VENDING MACHINES</b>		<b>TAXI CABS/VEHICLES FOR HIRE</b>	
(Maximum Employee Charge =\$100.00)		Base Fee		In City	
All Other Services		Per Machine		Outside City	
Base Fee	\$ 40.00	\$ 2.00		\$ 50.00	
Employee Charge	\$ 2.00 each	<b>ICE CREAM CARTS, WAGONS/ FOOD VENDING VEHICLES</b>		\$100.00	
(Maximum Employee Charge =\$100.00)		Per Vehicle			
		\$ 200.00		<b>TRAILER PARK</b>	
		<b>PAWNBROKERS</b>		Base Fee	
		\$ 100.00		Per Space	
				\$ 15.00	
				\$ 2.00 each	
<b>RETAIL ROUTE DELIVERIES</b>		<b>PEDDLERS, SOLICITORS, TRANSIENT MERCHANT</b>		<b>OTHER CHARGES</b>	
Base Fee Per Vehicle	\$ 40.00	Fixed Location On Tax Roll		Annual for All Businesses	
		\$ 10.00		\$ 30.00	
		No Fixed Location On Tax Roll		<b>STORM WATER FEE</b>	
		\$ 15.00		Varies - see "Storm Water Fee Schedule"	
<b>AMUSEMENT/MECHANICAL /MUSIC</b>		<b>POOL ROOMS, BILLARD</b>		<b>FIRE INSPECTION FEE</b>	
Each Machine	\$ 25.00	Base Fee		Varies - see "Fire Fee Schedule"	
		\$ 15.00			
<b>AUCTION</b>	\$150.00	Per Table		<b>DUPLICATE LICENSE</b>	
<b>ACTIONEER</b>	\$ 75.00	\$ 10.00		\$ 2.00	
				<b>BUSINESS NAME CHANGE</b>	
				\$ 2.00	

**HOME OCCUPATION - GENERAL INFORMATION**

**Description of Proposed Business:**

- Describe any product to be manufactured or assembled. \_\_\_\_\_
- Describe materials or supplies to be stored in or at your home. \_\_\_\_\_
- Describe any service you will provide. \_\_\_\_\_
- Describe any machinery or equipment to be used (type, size, number, horsepower.) \_\_\_\_\_
- Please give any additional details to fully describe the nature of the proposed business. Attach an additional page if necessary.  
\_\_\_\_\_  
\_\_\_\_\_
- Approximately what percentage of the floor area of your home will be used in the home occupation. \_\_\_\_\_
- During what hours of the day will the home occupation be conducted. \_\_\_\_\_
- If any vehicles will be used in the conduct of your home occupation, please describe them (number, size, capacity, intended use, etc.) \_\_\_\_\_
- If you anticipate commercial deliveries or pick-up of items produced on the premises, please describe the type of commercial carrier and the frequency of deliveries and pick-ups.  
\_\_\_\_\_  
\_\_\_\_\_

Do all the persons who are employed in the home occupation live in your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will equipment used by you have the potential to disrupt or adversely effect radio and television reception in the neighborhood?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be any visible evidence that you are conducting a home occupation which can be seen from a public street, sidewalk or adjoining nearby properties?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will the home occupation change the appearance of your home and will there be any indication the dwelling is being used for anything other than a residential purpose?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the home occupation generate sounds which can be heard outside the walls of your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you intend to conduct sales or offer some service in your home or within your residential property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer to the above question is yes, will such sounds be audible between the hours of 8 PM and 8 AM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you offer any items for rent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Do you intend to advertise your home occupation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL YOUR REASONS FOR YOUR AFFIRMATIVE RESPONSE(S). PLEASE USE AN ADDITIONAL PAGE.**

**I declare under the penalty of perjury that the foregoing information is true and correct.**

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date