



# 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 _____ Business Location _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Bus. Phone ( _____ ) Bus. Fax ( _____ ) E-Mail Address _____	Enter number of Employees <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Enter number of Vehicles <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO Business In Operation Preceding year <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> In-City <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 _____		Cell Phone ( _____ ) _____
City _____	State _____	Zip _____
Owner Name _____	Title _____	Phone ( _____ ) _____
Home Address _____		Cell Phone ( _____ ) _____
City _____	State _____	Zip _____

**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: \_\_\_\_\_

**OFFICIAL USE ONLY License Reviewed & Approved By:**

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

Base Fee	\$ _____
Employee Fee	\$ _____
Per Item Fee	\$ _____
Processing Fee	\$ <b>30.00</b>
Storm Water Fee	\$ _____
Fire Fee	\$ _____
State CASp Fee	\$ <b>4.00</b>
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</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.cahwnet.gov](http://www.rehab.cahwnet.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	\$ 25.00	In City	
		Per Machine	\$ 2.00	Outside City	
All Other Services		<b>ICE CREAM CARTS, WAGONS/ FOOD VENDING VEHICLES</b>		Per Space	
Base Fee	\$ 40.00	Per Vehicle	\$ 200.00	Per Space	
Employee Charge	\$ 2.00 each			\$ 2.00 each	
(Maximum Employee Charge =\$100.00)		<b>PAWNBROKERS</b>			
		\$ 100.00			
<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	\$ 10.00		
<b>AMUSEMENT/MECHANICAL/MUSIC</b>		No Fixed Location On Tax Roll	\$ 15.00		
Each Machine	\$ 25.00	<b>POOL ROOMS, BILLIARD</b>			
		Base Fee	\$ 15.00		
<b>AUCTION</b>		Per Table	\$ 10.00	<b>PROCESSING FEE</b>	
<b>ACTIONEER</b>				Annual for All Businesses	\$ 30.00
\$ 150.00				<b>STORM WATER FEE</b>	
\$ 75.00				Varies - see "Storm Water Fee Schedule"	
				<b>FIRE INSPECTION FEE</b>	
				Varies - see "Fire Fee Schedule"	
				<b>DUPLICATE LICENSE</b>	\$ 2.00
				<b>BUSINESS NAME CHANGE</b>	\$ 2.00

**HOME OCCUPATION - GENERAL INFORMATION**

**Description of Proposed Business:**

- a) Describe any product to be manufactured or assembled. \_\_\_\_\_
- b) Describe materials or supplies to be stored in or at your home. \_\_\_\_\_
- c) Describe any service you will provide. \_\_\_\_\_
- d) Describe any machinery or equipment to be used (type, size, number, horsepower.) \_\_\_\_\_
- e) Please give any additional details to fully describe the nature of the proposed business. Attach an additional page if necessary.  
\_\_\_\_\_
- f) Approximately what percentage of the floor area of your home will be used in the home occupation. \_\_\_\_\_
- g) During what hours of the day will the home occupation be conducted. \_\_\_\_\_
- h) If any vehicles will be used in the conduct of your home occupation, please describe them (number, size, capacity, intended use, etc.) \_\_\_\_\_
- i) 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?  YES  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?  YES  NO

Will the home occupation generate sounds which can be heard outside the walls of your home?  YES  NO

If the answer to the above question is yes, will such sounds be audible between the hours of 8 PM and 8 AM?  YES  NO

Will equipment used by you have the potential to disrupt or adversely effect radio and television reception in the neighborhood?  YES  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?  YES  NO

Do you intend to conduct sales or offer some service in your home or within your residential property?  YES  NO

Will you offer any items for rent?  YES  NO

Do you intend to advertise your home occupation?  YES  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