

City of Lemon Grove

Supplement to Business License Application

NOTE: Failure to answer all questions accurately and completely may result in rejection of this application.

1. Describe products to be sold: (% of retail % of wholesale)

2. Describe any service you will provide:

3. Describe any products to be manufactured or assembled:

4. Describe any machinery or equipment to be used: (type, size horsepower, number)

5. Describe materials or supplies to be stored and proposed storage location:

6. If any vehicles will be used in the conduct of your business, describe them (number, size, capacity, intended use, where they will be stored (daytime/nighttime), etc.

7. Hours of operation: _____

8. Please indicate if hazardous or toxic materials will be present on the business site. Y N
If Yes, list all materials present.

9. On graph paper provided, draw to scale a proposed floor plan of the proposed business. Please indicate all uses (i.e. storage, manufacturing, retail, etc.).

10. Please give additional details to fully describe the nature of the proposed business.

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

Signature of Applicant

Date

I/We are aware of the proposed business to be located on our property and approve of this application being filed. I/We declare under penalty that the foregoing information is true and correct and understand that any false information is grounds for denial to issue or revocation if discovered after issuance.

*******If you are signing as Authorized Agent please provide proof of authorization.**

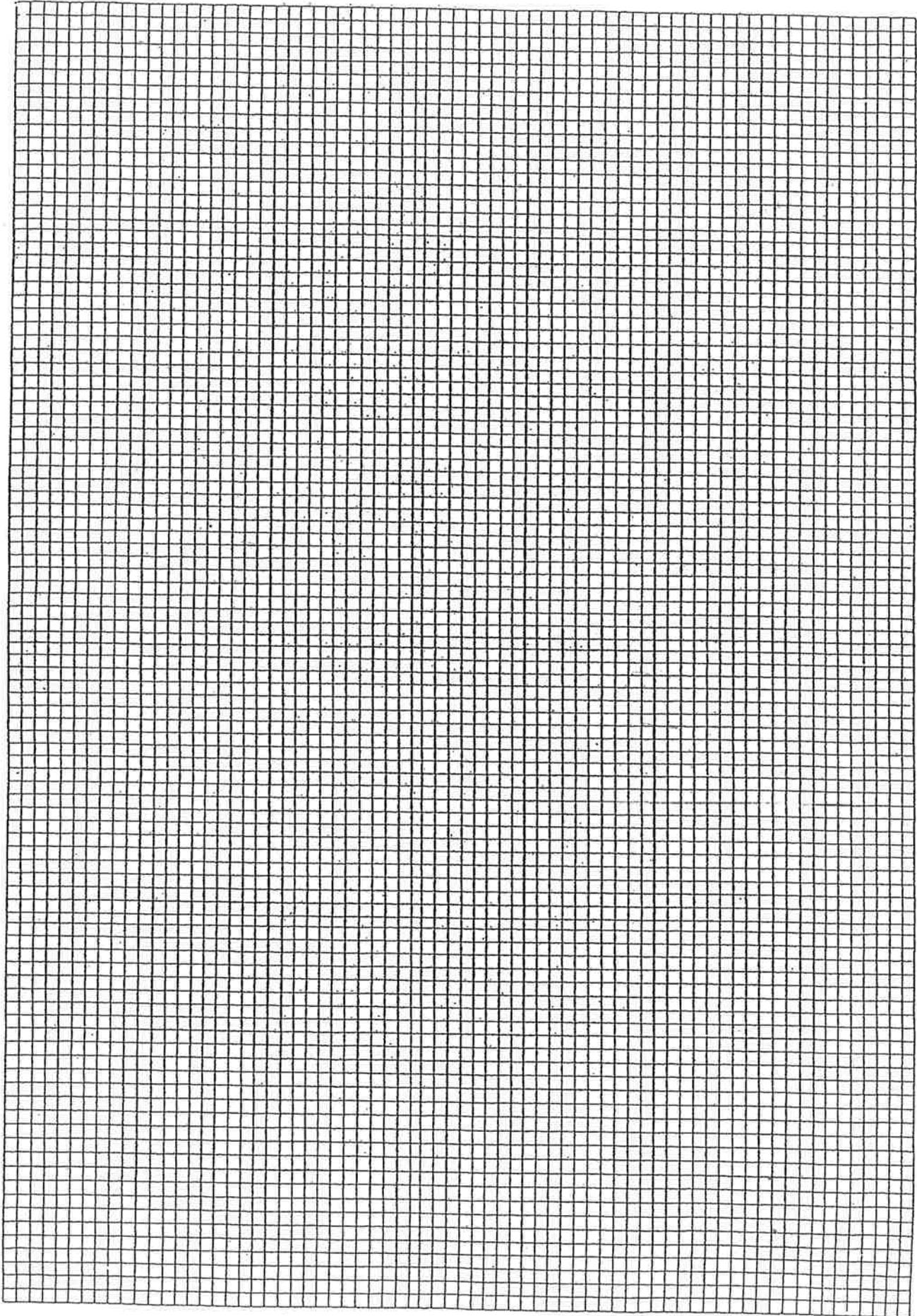
Signature of Property Owner or Authorized Agent ***

Date

Print Name of Property Owner or Authorized Agent

Date

9. On graph paper provided, draw to scale a proposed floor plan of the proposed business. Please indicate all uses (i.e. storage, manufacturing, retail, etc.). Please indicate dimensions.





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 _____
(Not P.O. Box)
 City _____ State _____ Zip _____
 Mailing Address _____
(if Different)
 City _____ State _____ Zip _____
 Bus. Phone () _____ Bus. Fax () _____
 E-Mail Address _____

Enter number of Employees
 Enter number of Vehicles
 Articles of Incorporation YES NO
 Fictitious Name Filed YES NO
 Business In Operation Preceding year YES NO
 In-City
 Out of City
 Home Occupation

Start Date _____ Description of Business _____

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. _____ / _____
 Cash Check MC / VISA
 COMMENTS: _____

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

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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.