



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> _____ <small>City State Zip</small> Mailing Address _____ <small>(if Different)</small> _____ <small>City State Zip</small> Bus. Phone () _____ Bus. Fax () _____ E-Mail Address _____ | Enter number of Employees <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> | Enter number of Vehicles <div style="border: 1px solid black; width: 50px; 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 _____ |
|-------------------------|--------------------------------------|

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 () _____ |
| <small>City State Zip</small> | |
| Owner Name _____ Title _____ | Phone () _____ |
| Home Address _____ | Cell Phone () _____ |
| <small>City State Zip</small> | |

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. _____ Receipt # _____ Date Paid _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC / VISA | Planning Dept. _____ / _____ Code Enforcement _____ / _____ Fire Dept. _____ / _____ COMMENTS: _____ _____ | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Base Fee</td><td style="border: 1px solid black; width: 50px;">\$</td></tr> <tr><td style="text-align: right;">Employee Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Per Item Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Processing Fee</td><td style="border: 1px solid black;">\$ 30.00</td></tr> <tr><td style="text-align: right;">Storm Water Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Fire Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">TOTAL AMOUNT DUE</td><td style="border: 1px solid black;">\$</td></tr> </table> | Base Fee | \$ | Employee Fee | \$ | Per Item Fee | \$ | Processing Fee | \$ 30.00 | Storm Water Fee | \$ | Fire Fee | \$ | TOTAL AMOUNT DUE | \$ |
| Base Fee | \$ | | | | | | | | | | | | | | | |
| Employee Fee | \$ | | | | | | | | | | | | | | | |
| Per Item Fee | \$ | | | | | | | | | | | | | | | |
| Processing Fee | \$ 30.00 | | | | | | | | | | | | | | | |
| Storm Water Fee | \$ | | | | | | | | | | | | | | | |
| Fire Fee | \$ | | | | | | | | | | | | | | | |
| TOTAL AMOUNT DUE | \$ | | | | | | | | | | | | | | | |
| Name as it appears on Credit Card: _____ Account # _____ Expiration Date: _____ Amount Authorized: \$ _____ Authorized Signature: _____ | | MAKE CHECK PAYABLE TO THE CITY OF LEMON GROVE | | | | | | | | | | | | | | |

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

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