



# 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

<b>Business Name</b> _____ <b>Business Location</b> _____ (Not P.O. Box) City _____ State _____ Zip _____ <b>Mailing Address</b> _____ (if Different) City _____ State _____ Zip _____ <b>Bus. Phone</b> ( ) _____ <b>Bus. Fax</b> ( ) _____ <b>E-Mail Address</b> _____		<b>Enter number of Employees</b> _____	<b>Enter number of Vehicles</b> _____
		<b>Articles of Incorporation</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Fictitious Name Filed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Business In Operation Preceding year</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> In-City <input type="checkbox"/> Out of City <input type="checkbox"/> Home Occupation	
<b>Start Date</b> _____	<b>Description of Business</b> _____		
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust			
<b>State Lic. No.</b> _____		<b>License Type</b> _____	
<b>Resale No.</b> _____		<b>Expiration Date</b> _____	
<b>Federal I. D. No.</b> _____		<b>State I. D. No.</b> _____	
<b>Enter below names of Owners, Partners, or Corporate Officers. Use additional sheets as necessary.</b>			
<b>Owner Name</b> _____		<b>Title</b> _____	<b>Phone</b> ( ) _____
<b>Home Address</b> _____		<b>Cell Phone</b> ( ) _____	
City _____		State _____	Zip _____
<b>Owner Name</b> _____		<b>Title</b> _____	<b>Phone</b> ( ) _____
<b>Home Address</b> _____		<b>Cell Phone</b> ( ) _____	
City _____		State _____	Zip _____
<b>In case of emergency, please contact:</b>			
<b>Name</b> _____		<b>Title</b> _____	<b>Phone</b> ( ) _____
<b>Address</b> _____		<b>Cell Phone</b> ( ) _____	
<b>Alarm Company (if applicable)</b>			
<b>Name</b> _____		<b>Phone No.</b> ( ) _____	
<b>Address</b> _____		<b>License No.</b> _____	
<b>I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.</b>			
<b>Date:</b> _____		<b>Signature of Owner or Representative:</b> _____	
<b>OFFICIAL USE ONLY</b>			
<b>Business License No.</b> _____		<b>Planning Dept.</b> _____ /	
<b>Receipt #</b> _____		<b>Code Enforcement</b> _____ /	
<b>Date Paid</b> _____		<b>Fire Dept.</b> _____ /	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC / VISA		<b>COMMENTS:</b> _____	
<b>Name as it appears on Credit Card:</b> _____		<b>Account #</b> _____	
<b>Expiration Date:</b> _____		<b>Amount Authorized:</b> \$ _____	
<b>Authorized Signature:</b> _____			

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>	<b>\$</b>

**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.ca.gov](http://www.rehab.ca.gov) - The California Commission on Disability Access at [www.ccdca.ca.gov](http://www.ccdca.ca.gov).