



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

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 (*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.lemongrove.ca.gov/Municipal-Code/Chapter18.20



HOME OCCUPATION PERMIT APPLICATION

Development Services Department / Planning Division
3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818
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:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
FEES: RECEIPT #:	<input type="checkbox"/> 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
 Change of Owner

Business Name _____	Enter number of Employees <input type="text"/>	Enter number of Vehicles <input type="text"/>
Business Location (Not P.O. Box) _____ City _____ State _____ Zip _____	Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address (Not P.O. Box) _____ City _____ State _____ Zip _____	Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Phone () _____ Business Fax () _____	Business in Operation <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address _____	Preceding Year _____	
<input type="checkbox"/> In-City <input type="checkbox"/> Home Occupation <input type="checkbox"/> Out of City		

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

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

In case of emergency, please contact:

Name _____ Title _____ Phone () _____

Address _____ Cell () _____

Alarm Company (if applicable)

Name _____ Phone () _____

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

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

OFFICIAL USE ONLY **LICENSE REVIEWED & APPROVED BY:**

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: _____

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.das.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

Name as it appears on Credit Card: _____

Account # _____

Expiration Date: _____

Amount Authorized: \$ _____

Authorized Signature: _____

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 any 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. YN
If YES, list all materials present.

9. Will there be outdoor storage at this location in connection with this business? Y N
If YES, please provide a site plan showing where proposed storage will be located.

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

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

