



# 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 _____                      | Enter number of Employees<br>_____  | Enter number of Vehicles<br>_____ |
| Business Location _____<br>(Not P O Box) | Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO            |                                   |
| City _____ State _____ Zip _____         | Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO                |                                   |
| Mailing Address _____<br>(if Different)  | Business In Operation Preceding year <input type="checkbox"/> YES <input type="checkbox"/> NO |                                   |
| City _____ State _____ Zip _____         | <input type="checkbox"/> In-City  |                                   |
| Bus. Phone ( ) _____ Bus. Fax ( ) _____  | <input type="checkbox"/> Out of City  |                                   |
| E-Mail Address _____                     | <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 ( ) _____ |                 |
| 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](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)         |              | <b>BOWLING ALLEY</b>                                      |               | (Maximum Employee Charge = \$100.00) |   |
| <b>APARTMENTS</b>                            |              | Base Fee  |               | <b>REAL ESTATE BROKER</b>            |   |
| Per Unit (Min. fee = \$10)                   | \$ 3.00 each | Per Lane  |               | Base Fee                             | \$ 15.00                                |
| <b>NO FIX LOCATION IN CITY (OUT-OF-CITY)</b> |              | <b>CIRCUS/CARNIVAL</b>                                    |               | Per Salesman                         | \$ 10.00                                |
| Wholesalers/Licensed Contractors             |              | Base Fee  |               | <b>SHOOTING GALLERIES/ARCADE</b>     |   |
| Base Fee                                     | \$ 15.00     | Per Machine   |               | Amusement Center                     | \$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  |               | In City                              | \$ 50.00                                |
| All Other Services                           |              | Per Vehicle   |               | Outside City                         | \$100.00                                |
| Base Fee                                     | \$ 40.00     | <b>ICE CREAM CARTS, WAGONS/<br/>FOOD VENDING VEHICLES</b> |               | <b>TRAILER PARK</b>                  |   |
| Employee Charge                              | \$ 2.00 each | Per Vehicle   |               | Base Fee                             | \$ 15.00                                |
| (Maximum Employee Charge = \$100.00)         |              | <b>PAWN BROKERS</b>                                       |               | Per Space                            | \$ 2.00 each                            |
| <b>RETAIL ROUTE DELIVERIES</b>               |              | Base Fee  |               | <b>OTHER CHARGES</b>                 |   |
| Base Fee Per Vehicle                         | \$ 40.00     | <b>PEDDLERS, SOLICITORS,<br/>TRANSIENT MERCHANT</b>       |               |                                      | <b>PROCESSING FEE</b>                   |
| <b>AMUSEMENT/MECHANICAL/MUSIC</b>            |              | Fixed Location On Tax Roll                                |               |                                      | Annual for All Businesses               |
| Each Machine                                 | \$ 25.00     | No Fixed Location On Tax Roll                             |               |                                      | \$ 30.00                                |
| <b>AUCTION</b>                               |              | <b>POOL ROOMS, BILLARD</b>                                |               |                                      | <b>STORM WATER FEE</b>                  |
| <b>ACTIONEER</b>                             | \$ 75.00     | Base Fee  |               |                                      | Varies - see "Storm Water Fee Schedule" |
|  |              | Per Table   |               |                                      | <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:**

- Describe any product to be manufactured or assembled. \_\_\_\_\_
- Describe materials or supplies to be stored in or at your home. \_\_\_\_\_
- Describe any service you will provide. \_\_\_\_\_
- Describe any machinery or equipment to be used (type, size, number, horsepower.) \_\_\_\_\_
- Please give any additional details to fully describe the nature of the proposed business. Attach an additional page if necessary. \_\_\_\_\_
- Approximately what percentage of the floor area of your home will be used in the home occupation. \_\_\_\_\_
- During what hours of the day will the home occupation be conducted. \_\_\_\_\_
- If any vehicles will be used in the conduct of your home occupation, please describe them (number, size, capacity, intended use, etc.) \_\_\_\_\_
- 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 \_\_\_\_\_

## 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)

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2. Describe any service you will provide:

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3. Describe any products to be manufactured or assembled:

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

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

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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.

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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.

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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.

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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

