



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 _____ Business Location _____ (Not P.O. Box) City _____ State _____ Zip _____ Mailing Address _____ (Not P.O. Box) City _____ State _____ Zip _____ Business Phone () _____ Business Fax () _____ Email Address _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Enter number of Employees</td> <td style="width: 50%; padding: 5px;">Enter number of Vehicles</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input style="width: 80%;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Business in Operation <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Preceding Year _____</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"> <input type="checkbox"/> In-City <input type="checkbox"/> Home Occupation <input type="checkbox"/> Out of City </td> </tr> </table>	Enter number of Employees	Enter number of Vehicles	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	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 <input type="checkbox"/> YES <input type="checkbox"/> NO		Preceding Year _____		<input type="checkbox"/> In-City <input type="checkbox"/> Home Occupation <input type="checkbox"/> Out of City	
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Start Date _____	Description of Business _____
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Ownership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Ltd. Liability Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> 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 _____
City _____	State _____	Zip _____	Cell () _____
Owner Name _____	Title _____	Phone () _____	Home Address _____
City _____	State _____	Zip _____	Cell () _____

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. Y N
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 VEHICLES		In City			
Employee Charge	\$2.00/ea	Per Vehicle	\$200.00	Outside City			
(Maximum Employee Charge = \$100.00)				\$100.00			
RETAIL ROUTE DELIVERIES		PAWNBROKERS		TRAILER PARK			
Base Fee Per Vehicle	\$40.00		\$100.00	Base Fee	\$15.00		
				Per Space	\$2.00/ea		
AMUSEMENT/MECHANICAL/MUSIC		PEDDLERS, SOCLITIORS, TRANSIENT MERCHANT		OTHER CHARGES			
Each Machine	\$25.00	Fixed Location On Tax Roll	\$10.00			PROCESSING FEE	
		No Fixed Location On Tax Roll	\$15.00			Annual for All Businesses	\$30.00
						STORM WATER FEE	
AUCTION		POOL ROOMS, BILLIARD		Varies – see "Storm Water Fee Schedule"			
AUCTIONEER	\$75.00	Base Fee	\$15.00	FIRE INSPECTION FEE			
		Per Table	\$10.00	Varies – see "Fire Fee Schedule"			
				DUPLICATE LICENSE			
				BUSINESS NAME			
				\$2.00			

