

CITY OF LEMON GROVE

3232 Main Street

Lemon Grove, CA 91945

Phone: (619) 825-3800 – Fax: (619) 825-3818

APARTMENT BUSINESS LICENSE APPLICATION

APARTMENT COMPLEX NAME _____

APARTMENT STREET ADDRESS _____

NUMBER OF UNITS _____

OWNER NAME _____

CHECK ONE: Single Ownership Partnership Corporation

NAME(S) OF PARTNERS OR OFFICERS:

OWNER ADDRESS _____

MAILING ADDRESS _____

OWNER TELEPHONE NUMBER () _____

I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

APPLICANT'S SIGNATURE

DATE

FOR CITY USE ONLY

PLANNING DEPARTMENT

FIRE DEPARTMENT

FEE

APPROVED BY

APPROVED BY

PROCESSING FEE \$ 30.00

LICENSE FEE \$ _____

(\$3.00 per unit)

STORM WATER FEE \$ _____

(\$7.00 per unit, for 6 or more units)

BUSINESS LICENSE # _____

DATE _____

TOTAL AMOUNT DUE \$ _____

RECEIPT # _____