



# 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 _____<br>Business Location _____<br><small>(Not P.O. Box)</small><br>City _____ State _____ Zip _____<br>Mailing Address _____<br><small>(if Different)</small><br>City _____ State _____ Zip _____<br>Bus. Phone ( ) _____ Bus. Fax ( ) _____<br>E-Mail Address _____ | Enter number of Employees<br><div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>  | Enter number of Vehicles<br><div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div> |
|  | Articles of Incorporation <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Fictitious Name Filed <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Business In Operation Preceding year <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> In-City<br><input type="checkbox"/> Out of City<br><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: \_\_\_\_\_

|   |  |
|---|--|
| <b>• OFFICIAL USE ONLY •</b>  |  |
| Business License No. _____<br>Receipt # _____<br>Date Paid _____<br><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC / VISA | <b>License Reviewed &amp; Approved By:</b><br>Planning Dept. _____ / _____<br>Code Enforcement _____ / _____<br>Fire Dept. _____ / _____<br>COMMENTS: _____<br>_____ |

|                         |                 |
|-------------------------|-----------------|
| Base Fee                | \$ _____        |
| Employee Fee            | \$ _____        |
| Per Item Fee            | \$ _____        |
| Processing Fee          | \$ <b>30.00</b> |
| Storm Water Fee         | \$ _____        |
| Fire Fee                | \$ _____        |
| State CASp Fee          | \$ <b>1.00</b>  |
| <b>TOTAL AMOUNT DUE</b> | <b>\$ _____</b> |

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

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## 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: \_\_\_\_\_



