



**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 _____	Enter number of Employees <input style="width:40px;" type="text"/> Enter number of Vehicles <input style="width:40px;" 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 Preceding Year <input type="checkbox"/> YES <input type="checkbox"/> NO <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  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 _____	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
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

**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](http://www.das.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.ccdca.ca.gov](http://www.ccdca.ca.gov)

Name as it appears on Credit Card: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_