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 _____

Business Location (Not P O Box) _____
City _____ State _____ Zip _____

Mailing Address (if Different) _____
City _____ State _____ Zip _____

Bus. Phone ( ) _____ Bus. Fax ( ) _____

E-Mail Address _____

Enter number of Employees _____ Enter number of Vehicles _____

Articles of Incorporation ☐ YES ☐ NO
Fictituous Name Filed ☐ YES ☐ NO
Business In Operation Preceding year ☐ YES ☐ NO

☐ In-City
☐ Out of City
☐ 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. _____

Receipt # _____

Date Paid _____

☐ Cash ☐ Check ☐ MC / VISA

Planning Dept. _____ /

Code Enforcement _____ /

Fire Dept. _____ /

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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccda.ca.gov.

CITY OF LEMON GROVE

SCHEDULE OF ANNUAL BUSINESS LICENSE FEES

FIXED LOCATION IN CITY (IN-CITY)

Base Fee	$ 15.00
Employee Charge	$ 2.00 each
(Maximum Employee Charge =$100.00)	

APARTMENTS

Per Unit (Min. fee = $10)	$ 3.00 each

NO FIX LOCATION IN CITY (OUT-OF-CITY)

Wholesalers/Licensed Contractors

Base Fee	$ 15.00
Employee Charge	$ 2.00 each
(Maximum Employee Charge =$100.00)	

All Other Services

Base Fee	$ 40.00
Employee Charge	$ 2.00 each
(Maximum Employee Charge =$100.00)	

RETAIL ROUTE DELIVERIES

Base Fee Per Vehicle	$ 40.00

AMUSEMENT/MECHANICAL/MUSIC

Each Machine	$ 25.00

AUCTION	$150.00
ACTIONEER	$ 75.00

BILLBOARD ADVERTISING

Base Fee	$ 100.00
Three (3) or more	$ 10.00 each

BOWLING ALLEY

Base Fee	$ 15.00
Per Lane	$ 10.00

CIRCUS/CARNIVAL $ 250.00

COIN OPERATED VENDING MACHINES

Base Fee	$ 25.00
Per Machine	$ 2.00

ICE CREAM CARTS, WAGONS/ FOOD VENDING VEHICLES

Per Vehicle $ 200.00

PAWNBROKERS $ 100.00

PEDDLERS, SOLICITORS, TRANSIENT MERCHANT

Fixed Location On Tax Roll	$ 10.00
No Fixed Location On Tax Roll	$ 15.00

POOL ROOMS, BILLARD

Base Fee	$ 15.00
Per Table	$ 10.00

PROFESSION

Base Fee	$ 25.00
Employee Charge	$ 2.00 each
(Maximum Employee Charge=$100.00)	

REAL ESTATE BROKER

Base Fee	$ 15.00
Per Salesman	$ 10.00

SHOOTING GALLERIES/ARCADE

Amusement Center $100.00

TAXI CABS/VEHICLES FOR HIRE

In City	$ 50.00
Outside City	$100.00

TRAILER PARK

Base Fee	$ 15.00
Per Space	$ 2.00 each

OTHER CHARGES

PROCESSING FEE Annual for All Businesses	$ 30.00
STORM WATER FEE Varies - see "Storm Water Fee Schedule"	
FIRE INSPECTION FEE Varies - see "Fire Fee Schedule"	
DUPLICATE LICENSE	$ 2.00
BUSINESS NAME CHANGE	$ 2.00

HOME OCCUPATION - GENERAL INFORMATION

Description of Proposed Business:

a) Describe any product to be manufactured or assembled. _____

_____

b) Describe materials or supplies to be stored in or at your home. _____

c) Describe any service you will provide. _____

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

_____

e) Please give any additional details to fully describe the nature of the proposed business. Attach an additional page if necessary.

_____

_____

f) Approximately what percentage of the floor area of your home will be used in the home occupation. _____

g) During what hours of the day will the home occupation be conducted. _____

h) If any vehicles will be used in the conduct of your home occupation, please describe them (number, size, capacity, intended use, etc.) _____

_____

_____

i) 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 equipment used by you have the potential to disrupt or adversely effect radio and television reception in the neighborhood?	☐ 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 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
Will the home occupation generate sounds which can be heard outside the walls of your home?	☐ YES ☐ NO	Do you intend to conduct sales or offer some service in your home or within your residential property?	☐ 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 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)

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 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. 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.

_____
_____
_____
_____
_____
_____
_____
_____

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