



8130 Allison Avenue
 P.O. Box 937
 La Mesa, CA 91944
 619-667-1118

Business License Application

Please Check One:	
<input type="checkbox"/>	New Business
<input type="checkbox"/>	Change of Owner
<input type="checkbox"/>	Change of Location
<input type="checkbox"/>	Change of Business Name

PLEASE TYPE OR PRINT CLEARLY

Business Name (DBA)				
Business Location (Cannot be a P.O. Box or Mail Box No. Include Suite No.) Address			Business Phone	
City _____ State _____ Zip Code _____			Business Fax	
Mailing Address <input type="checkbox"/> (Check if Same As Business Address) Address			E-Mail:	
City _____ State _____ Zip Code _____			Web Page:	
Business Start Date	Description of Business – Please be specific			SIC Code (required):
No. of Employees	No. of Amusement Devices (If Applicable)	No. of Pool Tables (If Applicable)	No. of Units/Spaces (Rentals/Mobile Homes Only)	No. of Vending Machines
Contractors State License Board and Classification No. _____ Classification _____		Sellers Permit No.		
Federal EIN No.	State ID No. (EDD)	State License No./Type		

Ownership Information

Check one of the following:
 Sole Proprietor Partnership Limited Partnership Corporation Limited Liability Company Trust

Enter Information for Owners, Individuals, Officers, Partners, Managers, Trustees - Attach additional page if necessary

Name _____	Title _____
Address _____	Phone No _____
City _____ State _____ Zip _____	Social Security _____ Driver's License _____
Name _____	Title _____
Address _____	Phone No _____
City _____ State _____ Zip _____	Social Security _____ Driver's License _____

Emergency Notification (For City of La Mesa Businesses Only)

Name _____	Phone _____
Alarm Company _____	Phone _____

I declare, under penalty of perjury, that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of the business license.

Signature _____ **Date** _____

◇ FOR CITY USE ONLY ◇

Base Fee	\$ 35.00	Employee Fee	\$ _____	Device/Table/Unit Fee	\$ _____	Total Paid \$	Planning: _____
Penalty	\$ _____	Receipt #	By		Comments:		
CASp Fee	\$ 4.00						
TOTAL AMOUNT DUE	\$ 39.00	Cash		Check	Credit	M.O.	

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 of Disability Access at www.cdda.ca.gov