



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
	Out of City

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
No. of Employees	
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	\$ _____	Total Paid \$	Planning: _____
Employee Fee	\$ _____		Fire: _____
Device/Table/Unit Fee	\$ _____		Police Department: _____
Penalty	\$ _____	Receipt #	By
CASp Fee	\$ 4.00		
TOTAL AMOUNT DUE	\$ _____	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

Comments: _____

