



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

Business License Application

- Please Check One:**
- New Business
- Change of Owner
- Change of Location
- Change of Business Name

PLEASE TYPE OR PRINT CLEARLY

Business Name (Matches Your Department of Consumer Affairs California License)

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 (Check if Same As Business Address)
 Address _____

E-Mail:

City _____ State _____ Zip Code _____

Web Page:

La Mesa Business Start Date _____ **Description of Business – Please be specific** (microblading, permanent makeup, etc) _____ **SIC Code (required):**
 N/A

No. of Employees N/A	No. of Amusement Devices (If Applicable) N/A	No. of Pool Tables (If Applicable) N/A	No. of Units/Spaces (Rentals/Mobile Homes Only) N/A	No. of Vending Machines N/A
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Contractors State License Board and
 Classification No. N/A

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	Total Paid \$	Planning: _____ Fire: _____ Police Department: _____
Employee Fee	\$ _____		
Device/Table/Unit Fee	\$ _____		
Penalty	\$ _____	Receipt #	By
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 The Department of Rehabilitation at www.dor.ca.gov. The California Commission of Disability Access at www.cdda.ca.gov