



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

Please Check One:

New Business

Change of Owner

Change of Location

Change of Business Name

Business License Application

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	Total Paid \$ _____	Planning: _____
Employee Fee	\$ _____		Fire: _____
Device/Table/Unit Fee	\$ _____		Police Department: _____
Penalty	\$ _____	Receipt # _____	Comments: _____
CASp Fee	\$ 4.00	By _____	
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