



City of La Mesa
8130 Allison Avenue, La Mesa, California 91941

APPLICATION FOR BINGO GAMES

Date:

File No.: SEMI-ANNUAL FEE \$25.00

Name of Local Organization:

Address of Local Organization:

Address of Location where BINGO is to be played: (Location must be owned or leased by organization)

Specify Day of Week of Month games are to be played: (Three games per week maximum)

OFFICERS OF THE ORGANIZATION

President (Name) (Address) (Phone No.)

Vice President (Name) (Address) (Phone No.)

Secretary (Name) (Address) (Phone No.)

Treasurer (Name) (Address) (Phone No.)

Bingo Manager (Name) (Address) (Phone No.)

Name and address of bank where profits are deposited: (Name)

Account No. (Address)

NO MINORS (UNDER THE AGE OF 18 YEARS) ALLOWED TO BE PRESENT PRIZES OR GIFTS NOT TO EXCEED \$250.00 PER GAME

- I have received a copy of La Mesa Municipal Code Section 6.35
I have read Section 6.35.080 of the La Mesa Municipal Code and understand the limitations regarding a Bingo Business License.
I have attached proof of tax exempt status to this application (Section 6.35.020b).

I hereby declare under penalty of perjury that, to the best of my knowledge and belief, the statements I made are herein true and correct.

Date Signature of Applicant

FOR CITY OF LA MESA USE ONLY

Department Date Received

Approved Denied Date Return By

Compliance Hold Requested Date Hold Effective Until

License Amount \$25.00 / 6 months Receipt Number Class Code

License # Date Issued



CITY OF LA MESA

8130 Allison Avenue • La Mesa, CA 91941
Attn: Business License Section • (619) 667-1118

BUSINESS LICENSE APPLICATION

- Please Check One →
- NEW APPLICATION
 - CHANGE OF OWNER
 - CHANGE OF ADDRESS
 - CHANGE OF BUSINESS NAME
 - HOME OCCUPATION
 - OUT OF CITY

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 (In-City Businesses Only)

Enter number of Units (Apts. Only)

Will any construction modification be made to the premises? YES NO

FIREARMS SALES:

- New Firearms
- New/Used Firearms (Secondhand Dealer)
- Used Firearms (Secondhand Dealer)

Start Date _____ Description of Business (please be specific) _____

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Seller's Permit _____ Federal ID No. (EIN) _____ State ID No. (EDD) _____

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 _____

Social Security No. _____ Driver's License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

IN CASE OF EMERGENCY, PLEASE CONTACT (IN-CITY BUSINESSES ONLY):

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

ALARM COMPANY, IF APPLICABLE (IN-CITY BUSINESSES ONLY):

Name _____ Title _____ Phone () _____

Address _____ License No. _____

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.

Date: _____ Signature of Owner or Representative: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF LA MESA

Thank you for doing business in the City of La Mesa!

LICENSE REVIEWED & APPROVED BY:

• OFFICIAL USE ONLY •

Police Dept. _____ / _____

Building Dept. _____ / _____

Fire Dept. _____ / _____

Planning Dept. _____ / _____

COMMENTS: _____

Total Amt. Paid \$ _____

Date Paid _____ CASH CHECK

Receipt # _____ CREDIT CARD

Base Fee \$ _____

Employee Fee \$ _____

Other \$ _____

Other \$ _____

TOTAL AMOUNT DUE \$ _____



CITY OF LA MESA

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BUSINESS LICENSE APPLICATION SUPPLEMENTAL

BUSINESSES LOCATED IN LA MESA MUST COMPLETE AND SUBMIT THIS FORM.

Businesses located outside of La Mesa should only submit page one of the application.

Business Name _____

Business Location _____

Please check one or more categories that describe your business.

- | General Commercial | Services | | Vehicles | Industrial/Agr. |
|--|--|---|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Business Services | <input type="checkbox"/> Contractor- w/ Equipment | <input type="checkbox"/> Delivery- Retail | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Contractor- Office Only | <input type="checkbox"/> Delivery- Wholesale | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Brokerage | <input type="checkbox"/> Design | <input type="checkbox"/> Transportation | <input type="checkbox"/> Agriculture/
Fishing |
| <input type="checkbox"/> Bar/Pub/Tavern | <input type="checkbox"/> Medical/Dental Office | <input type="checkbox"/> Computer/Internet | | |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Personal Services | Vending Machines | Property Rentals |
| <input type="checkbox"/> Automotive Sales | <input type="checkbox"/> Salon/Spa | <input type="checkbox"/> Instructional/Training | <input type="checkbox"/> Vending Machines | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Automotive Services | <input type="checkbox"/> Salon Booth Rental | <input type="checkbox"/> Recreation/Fitness | <input type="checkbox"/> Other Service Mach. | <input type="checkbox"/> Commercial |

Please refer to the Business License Fee Schedule for fee information for your business. If your business type is not listed in the schedule, use the General Commercial fees. Businesses paying incorrect fees will be notified of a balance due by mail.

Additional description and/or information (attached additional sheets as necessary):

Please answer the following questions and provide details for all "Yes" answers in the space provided or attach addn'l sheets.

- Will your business be based from your home? Yes No If yes, must also complete Home Occupation Permit.
- Will your business have inventory? Where? Yes No _____
- Will your business have outdoor usage? Yes No _____
- Will there be food preparation at the location? Yes No _____
- Will alcohol be served or sold at the location? Yes No _____
- Will there be live entertainment or outdoor dining? Yes No _____
- Will your business have vehicles and/or delivery? Yes No _____
7a. Where will the vehicles be stored/parked? _____
- Will your business make products at the location? Yes No _____
- Will your business use any specialized equipment? Yes No _____
- Will there be construction modifications at location? Yes No _____
- Will your business store or use in any way, flammable or combustible liquids, compressed gases, or other hazardous materials? Yes No _____

Number of Vehicles Transportation, delivery, and other uses based in La Mesa **Type of vehicles** _____
License/veh numbers _____
Transportation, retail delivery, & sales by vehicle only (attach additional sheets if necessary).

Property Owner/Manager Name _____ **Contact Name** _____
Not required for booth rentals. **Address** _____ **Phone** _____

Date: _____ **Signature of Owner or Representative:** _____

ANY FUTURE CHANGES TO THE ABOVE MUST BE SUBMITTED FOR REAPPROVAL WITH THE CITY



**CITY OF
LA MESA**
JEWEL of the HILLS

BUSINESS LICENSE FEE SCHEDULE

Please find your business type on the left. Calculate the fees as follows: Base fee+processing fee+any necessary additional fees, if necessary=amount due. Please call 619.667.1118 with any questions.

Business Type	Location	Base	Additional Fee Code	Fee Amount
General Commercial	In City	\$35.00	Employee (over 20 hours a week); Vending	
	Out of City	\$70.00		
Professional	In City	\$35.00	Employee (over 20 hours a week); Vending	
	Out of City	\$70.00		
Broker	In City	\$35.00	Employee (over 20 hours a week); Vending	
	Out of City	\$70.00		
Restaurant	In City	\$35.00	Employee (over 20 hours a week); Vending; Planning	
Contractor/ Subcontractor	In City	\$70.00		
	Out of City	\$70.00		
Booth Rental	In City	\$35.00		
Home Occupation	In City	\$35.00		
Massage Technician	In City	\$35.00	Police 1; Planning	
	Out of City	\$70.00	Police 1; Planning	
Holistic Health Practitioner	In City	\$35.00		
	Out of City	\$70.00		
Solicitor	In City	\$35.00	Police 2; Planning	
	Out of City	\$70.00	Police 2; Planning	
Residential Property Rentals	In City	\$35.00	Additional Unit; Fire Inspection	
Hotel/Motel	In City	\$35.00	Employee (over 20 hours a week); Vending	
Retail Delivery Vehicle	In City	\$70.00	Retail	
Wholesale Delivery Vehicle	In City	\$35.00	Wholesale	
	Out of City	\$70.00		

Additional Fee Code Legend

Employee: \$3.00/employee
Vending: \$35.00/machine
Police 1: \$320.00
Police 2: \$110.00
Planning: \$100.00

Add. Unit: \$5.00 per each unit over 4
Retail: \$70.00
Wholesale: \$35.00
Fire Inspection: 1-14 units (\$255.00) 15-50 units (\$510.00) 51-100 units (\$830.00) 101-150 units (\$1150.00) Each additional 50 units or part (\$320.00) Inspections are typically conducted during either the first or fourth calendar quarter.