



## IN CITY BUSINESS LICENSE APPLICATION PACKET

Anyone doing business in the City of La Mesa must have a business license. You will need your business address, type of business, and a completed application. An application can be obtained by visiting the City of La Mesa's Finance Department's webpage at [www.cityoflamesa.com](http://www.cityoflamesa.com) or in person at City Hall. We accept check, cash, money order or Visa/MasterCard/Discover credit cards during regular business hours.

Please read this packet and complete the included forms. If you should have any questions about this paperwork, call the Business License Officer at 619.667.1118. All in-city business license applications will be sent for review to city departments and processing times can take approximately 4-6 weeks for department approvals.

### STEPS TO OPENING A BUSINESS:

□ **MANDATORY-Location**-Select a site, determine zoning requirements and secure any special permits. Determine city zoning requirements prior to signing a lease or contract by contacting the City of La Mesa's Planning Division at 619.667.1177. The Planning Division can check specific site zoning or what zones would be appropriate for your business. They will also assist in determining which discretionary permits are required for specific business types.

□ **RECOMMENDED-Tax Numbers**-Obtain employer ID numbers, if you intend on employing staff. These numbers are not necessary until employees are hired and can be obtained by completing form SS-4 from the Internal Revenue Service, call 800.829.3676. Businesses are also required to obtain a state identification number to report employee taxes to the State. For more information contact the Employment Development Department at 619.516.1920. Contact the Internal Revenue Service to receive the Tax Guide for Small Business which is an invaluable tool to help business owners understand the basics. Call the IRS at 800.829.1040. [www.irs.gov](http://www.irs.gov)

□ **RECOMMENDED-Fictitious Business Name**-Obtain information on how to establish a fictitious business name from the San Diego County Clerk's office by calling 619.401.5700.

□ **RECOMMENDED-Sellers Permit**-Obtain a seller's permit and resale certificate if you will be selling taxable items or will provide a taxable service. For the appropriate forms, please visit the California State Board of Equalization website at [www.boe.ca.gov](http://www.boe.ca.gov) or at 858.385.4700.

□ **RECOMMENDED-Create a Business Plan**-Research how to create a business plan at your local library. Additional resources are available at The Small Business Administration (619.557.7250) and/or SCORE Business Counseling (619.557.7272). *Determine the Legal Structure of Your Business*-You can contact your own accountant or attorney for assistance in this matter. For additional information, contact the office of California's Secretary of State at 916.657.5448.

### **FIRE CLEARANCE REQUIRED**

As part of the business license application process you will be required to have your business inspected by Heartland Fire & Rescue (City of La Mesa's Fire Department) to ensure that you meet all the life and fire safety code requirements. Please contact Fire Inspector, Carisa Workman with Heartland Fire & Rescue's Fire Prevention Division to schedule a fire inspection: (619) 667-1466 [cworkman@heartlandfire.net](mailto:cworkman@heartlandfire.net)

### **BUSINESS LICENSE DIVISION**

The Business License Division of the City of La Mesa addresses business tax and sales tax issues; it does not regulate business activities. Per the La Mesa Municipal Code section 6.04, anyone doing business in the City of La Mesa must have a business license issued by the City of La Mesa. "Doing business in the City" is defined as having an office or work site within the geographic boundaries of the City, or entering the City to conduct business with the intent of being paid, including: all businesses with La Mesa addresses, all professionals, home-based businesses, contractors, subcontractors and delivery businesses based in other cities. Almost every city and county in California has some form of business licensing or business tax certificate program. Because it is a local tax, licensing is not transferable between cities or counties.

**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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

As of July 1<sup>st</sup>, 2012 California law (AB 341) requires commercial businesses that generate four cubic yards or more of solid waste per week and multifamily residential buildings of five units or more to arrange for recycling services. These services are provided to La Mesa businesses by EDCO Waste & Recycling and can be arranged by calling 619.287.7555. More information on this requirement is available at 619.667.1338 or at [cityoflamesa.com/recycling](http://cityoflamesa.com/recycling).



8130 Allison Avenue • La Mesa, CA 91942  
 Attn: Business License Section • (619) 667-1118

Please Check One →

NEW APPLICATION  
 CHANGE OF OWNER  
 CHANGE OF ADDRESS  
 CHANGE OF BUSINESS NAME  
 HOME OCCUPATION  
 OUT OF CITY

## BUSINESS LICENSE APPLICATION

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) _____
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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**

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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

*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	\$	35.00
Employee Fee	\$	
Other	\$	
Other	\$	
State CASp Fee	\$	1.00
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	



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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.

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

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

**Number of Vehicles**  **Type of vehicles** \_\_\_\_\_  
Transportation, delivery, and other uses based in La Mesa

**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 DESCRIPTION INFORMATION

Will your business have a sign?  No  Yes-Contact the Planning Division for permitting requirements at 619.667.1177.

Will you be doing any modifications to your business location?  No  Yes-Contact the Building Division for permitting requirements at 619.667.1176.

Does your business have any of the following?

Vending Machines # \_\_\_\_\_  Pool Tables # \_\_\_\_\_  Apartments # \_\_\_\_\_  Children/Adults (care facility) # \_\_\_\_\_

Please indicate if the following applies to your business: 50 or more persons may gather together in a building, room or structure used for drinking, dining, education, entertainment or worship.

Yes  No

Please indicate whether your business uses, stores, or handles any of the materials listed below:

- Compressed Gases  Explosives or Blasting Agents  Highly Toxic Materials  Pyrophoric Materials  
 Water-Reactive Materials  Corrosive Materials  Flammable or Combustible Liquids  
 Organic Peroxides  Radioactive Materials  Other Health Hazards  Cryogenic Fluids  
 Flammable Solids  Oxidizers  Unstable (Reactive) Materials

Please indicate whether the below-listed equipment or processes are used in your business:

- Auto Repair  Combustible Metals  Dust Producing  Metal Plating  Painting/Silk Screening  
 Spray Painting  Chemical Storage  Dip Tanks  Flow Coaters  Industrial Ovens/Kilns  
 Semiconductor Fabrication  Welding/Cutting

*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/Representative: \_\_\_\_\_