



## HOME OCCUPATION 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 home occupation business license applications **must be submitted in person and have approval from the Planning Department**. For zoning information, please call 619.667.1177. After approval, the business license will be mailed within 3-5 business days.

*SUGGESTED-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.

*MANDATORY-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.

*MANDATORY-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 by calling 858.385.4700.

*MANDATORY-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.

### 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).



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) \_\_\_\_\_

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

TOTAL AMOUNT DUE \$ \_\_\_\_\_



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

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**



### HOME OCCUPATION LICENSE

I am applying for a Home Occupation License per Section 24.01.100 La Mesa Municipal Code.

Home Occupation is a limited business conducted within a dwelling unit by the principal occupant or members of his or her immediate family and which business is clearly incidental and secondary to the use of the dwelling for dwelling purposes and does not change the character thereof.

Examples of Home Occupations determined to change the character of a dwelling include: Repair of vehicles or automotive equipment; manufacturing, maintenance, refurbishment or repair of an commodity which involves the use of special equipment, cabinetry, fixtures, plumbing, or electrical wiring not ordinarily or customarily used in a dwelling; any use which includes the parking or storage or equipment used primarily in connection with the extension of the business off the premises; any use which involves the use of the dwelling or its premises as a meeting place.

Stipulations you must agree to in order to operate your business from your home include: (please initial in front of each stipulation)

- \_\_\_\_\_ NO deliveries made to residence
- \_\_\_\_\_ NO employees other than permanent residents of the licensed address
- \_\_\_\_\_ NO signs or advertising on property
- \_\_\_\_\_ NO storage of property or equipment other than that normally found in residence
- \_\_\_\_\_ NO sales on property or customer traffic to property
- \_\_\_\_\_ NO installation of equipment or fixtures not normally found in residence

*I have read and fully understand the description of a Home Occupation as it appears in the La Mesa Zoning Ordinance and the restrictions set forth in this application. I understand that my Business License is not transferable, and that I must submit a new application for any change of name or address.*

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Date

DEPARTMENTAL APPROVAL:

Zoning Designation: \_\_\_\_\_

Planner: \_\_\_\_\_

### COTTAGE FOOD OPERATION

- I am applying for a Class A (Direct Sales Only) Cottage Food Operation License per State Law.
- I am applying for a Class B (Direct and Indirect Sales) Cottage Food Operation License per State Law.

I intend to produce and sell: \_\_\_\_\_

There are no additional fees related to license applications for Cottage Food Operations.

*I have read and fully understand the description of a Cottage Food Operation as it appears in the State Law. I understand that my Business License is not transferable, and that I must submit a new application for any change of name or address. I will apply for a registration/permit through the County of San Diego.*

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Date

DEPARTMENTAL APPROVAL:

Zoning Designation: \_\_\_\_\_

Planner: \_\_\_\_\_