



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) \_\_\_\_\_

Massage Technician

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

State Lic. No. \_\_\_\_\_ License Type **CAMTC** 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:

Police Dept. \_\_\_\_\_ / \_\_\_\_\_

Building Dept. \_\_\_\_\_ / \_\_\_\_\_

Fire Dept. \_\_\_\_\_ / \_\_\_\_\_

Planning Dept. \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICIAL USE ONLY

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>