



## 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 2-3 weeks for department approvals.

*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-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.

*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 at 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.ccca.ca.gov](http://www.ccca.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)**  
 HOLISTIC HEALTH PRACTITIONER

**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. _____ / _____	<b>Total Amt. Paid \$</b> _____												
Building Dept. _____ / _____	<b>Date Paid</b> _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK												
Fire Dept. _____ / _____	<b>Receipt #</b> _____ <input type="checkbox"/> CREDIT CARD												
Planning Dept. _____ / _____													
<b>COMMENTS:</b> _____													
_____													
_____													
_____													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Base Fee</td> <td style="text-align: right;">\$ 35.00</td> </tr> <tr> <td style="text-align: right;">State CASp Service Fee</td> <td style="text-align: right;">\$ 1.00</td> </tr> <tr> <td style="text-align: right;">Employee Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL AMOUNT DUE</b></td> <td style="text-align: right;"><b>\$ 36.00</b></td> </tr> </table>	Base Fee	\$ 35.00	State CASp Service Fee	\$ 1.00	Employee Fee	\$	Other	\$	Other	\$	<b>TOTAL AMOUNT DUE</b>	<b>\$ 36.00</b>
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