



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	\$	
Employee Fee	\$	
Other	\$	
Other	\$	
State CASp Fee	\$	4.00
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	



# CITY OF LA MESA

8130 Allison Avenue, La Mesa, California 91941  
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## SOLICITOR OR PEDDLER APPLICATION

Applicant's Name \_\_\_\_\_  
Local Residence \_\_\_\_\_  
Applicant's Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Bus. Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Fax No. ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Start Date \_\_\_\_\_

### Applicant's Description

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_  
Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_

### If Applicant is an employee (Please complete the following information)

Employer's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Description of Products or Service offered: \_\_\_\_\_  
Permit is desired for what length of time? \_\_\_\_\_

### Place Where Product is Manufactured

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Place Where Products Are Located At Time Of Filing This Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Proposed Method of Delivery: \_\_\_\_\_

Have you ever been convicted of any crime, misdemeanor, or violation of any Municipal Ordinance? (If none, please indicate)

Nature Of Offense \_\_\_\_\_  
Date Of Offense \_\_\_\_\_ Punishment or Penalty assessed \_\_\_\_\_

I, \_\_\_\_\_ hereby certify the statements contained in this application are to the best of my knowledge true.

Signature

Subscribed and Sworn to before me, the undersigned Notary Public, this \_\_\_\_\_ Day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public in and for the County of San Diego, State of California

**POLICE DEPARTMENT USE ONLY**

Application  Approved  Denied

Application Approved Subject to the Following conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief of Police \_\_\_\_\_

By \_\_\_\_\_

**FINANCE DEPARTMENT USE ONLY**

Class of License Issued \_\_\_\_\_ License # \_\_\_\_\_

Amount of License Fee: \$ \_\_\_\_\_ Date Issued \_\_\_\_\_ Receipt # \_\_\_\_\_

**Description Of Vehicle Used By Solicitor or Peddler**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Tag # \_\_\_\_\_ State Where Issued \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Company Business License # \_\_\_\_\_

Director of Finance \_\_\_\_\_

By \_\_\_\_\_

**PERMIT PRICING/REQUIREMENTS**

**FEE:** \$35.00/\$70.00 out-of-city \*\*As of January 1, 2018, a \$4.00 State CASp Service Fee is applied to  
\$15.00 Permit Fee all new and renewal business licenses\*\*  
\$110.00 Investigation Fee.

Must fill out business license and solicitor applications  
Provide proof of \$1,000 surety bond naming the City,  
Three photographs taken within the last 60 days,  
Set of fingerprints.

**EXEMPTIONS:** Non-profit, disabled and minors  
Still need to fill out paperwork