



# City of Santee

**Business License Application**  
10601 Magnolia Avenue, Santee, CA 92071  
619-258-4100 x146

City of Santee Business License Fee: **\$85.00** Home Occupation Permit: **\$46.00**  
(Includes \$4.00 AB-1379 State Imposed fee for Disability Access)  
**Fees are non-refundable**  
Consolidated Fee Schedule is available on the City's website:  
<http://cityofsanteca.gov/government/departments/finance/consolidated-fee-schedule>

**This application is for:**  New Business  Renewal  Change of Ownership  Change of Address  Change Type of Business

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Business Type  Retail  Wholesale  Service  Contractor  Other: \_\_\_\_\_

Description of Business \_\_\_\_\_

Ownership  Corporation  Limited Partnership  LLC  Nonprofit Corp.  Partnership  Sole Proprietorship  
Intended Date of Opening \_\_\_\_\_

Contractors License # \_\_\_\_\_ Sellers Permit/Resale ID # \_\_\_\_\_

Federal ID # \_\_\_\_\_ State ID # \_\_\_\_\_

If selling food or beverage, list Health Department Permit # \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporation Officers - Use additional sheets as necessary**

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
STREET CITY STATE ZIP

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
STREET CITY STATE ZIP

**SANTEE BASED Business Information**

Is this Business a "Home Occupation"?  YES  NO *If YES you MUST complete and sign the Home Rules Occupation Rules Sheet*

Number of Employees PT \_\_\_\_\_ FT \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Exterior Storage  YES  NO If Yes, Explain \_\_\_\_\_

Hazardous Materials  YES  NO If Yes, Explain \_\_\_\_\_

Subleasing  YES  NO Sub Leasing Business Certificate # \_\_\_\_\_

I declare under penalty of making a false statement that I have read and completed all sections of this form to the best of my knowledge and belief that the statements made herein are correct and true. I understand that payment of the fee is non-refundable pursuant to SMC 5.02.160(A&B) and issuance of the business license does not relieve me from the responsibility of compliance with the City's zoning, building and fire codes.

**All shaded areas on this application are available to the public by request in accordance with the California Public Records Act.**

Signature: \_\_\_\_\_ Title \_\_\_\_\_

Print the Above Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional permits may be required. It is recommended that you contact the City of Santee Development Services Department for verification.**

<b>OFFICE USE ONLY</b>	ACTIVITY #:	CAT:	CLASS:	BUS LIC #:
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