



# City of Santee

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

City of Santee Business license fee: **\$88.00**. Home Occupation Permit: **\$47.00**  
(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://cityofsanteeca.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 # \_\_\_\_\_

SIC Code \_\_\_\_\_ 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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