



## CITY OF ATASCADERO

6500 PALMA AVENUE, ATASCADERO, CA 93422  
805-461-5035, www.atascadero.org

**Fees are Non-Refundable/Cash or Check Only**

- ☐ NEW COMMERCIAL ☐ DBIA\*
- ☐ CHANGE OF OWNER/NAME OF BUSINESS
- ☐ NEW HOME OCCUPATION
- ☐ CHANGE OF LOCATION
- ☐ APARTMENTS/DUPLEX/TRIPLEX/HOTEL
- ☐ NON-PROFIT OR TAX EXEMPT
- ☐ SUB-TENANT IN COMM. BUSINESS
- ☐ SUB-TENANT CHANGE OF LOCATION
- ☐ OUT OF TOWN CONTRACTOR (CSLB or SPCB)
  - ☐ ONE JOB ONLY (1-address only)
- ☐ OUT OF TOWN VENDOR
- ☐ SOLICITOR

### BUSINESS LICENSE & TAX CERTIFICATE APPLICATION ACCOUNT#

**LICENSEE** / Business Name/DBA/ \_\_\_\_\_ Estimated Open Date: \_\_\_\_\_

Is your business a: ☐ Sole Proprietor ☐ Corporation ☐ LLC Located in City Limits? ☐ Yes ☐ No

Detailed description of business, incl. products and services offered: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS OWNER/S:** Name \_\_\_\_\_ (include middle initial) \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit #s \_\_\_\_\_ (For Apartments/Multi-Family)

*PO Box addresses or UPS Store addresses cannot be accepted as business location*

Business Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FINAL INVOICE MAILING ADDRESS:** \_\_\_\_\_

Corporate I.D. # \_\_\_\_\_ State Sales Tax ID# \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ St: \_\_\_\_\_ Exp: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ St: \_\_\_\_\_ Exp: \_\_\_\_\_

CSLB / SPCB License # \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Other State License Type: \_\_\_\_\_ License # \_\_\_\_\_ Expiration \_\_\_\_\_

If one-job only: Job Address \_\_\_\_\_ Permit # \_\_\_\_\_

- ☐ Retail ☐ Entertainment/Assembly ☐ Restaurant/Bar/Tasting Room ☐ Personal Service ☐ Cottage Foods
- ☐ Office (non-medical) ☐ Office – Medical ☐ Care Facility ☐ Lodging ☐ Handicraft/Artwork ☐ School
- ☐ Manufacturing – Indoor ☐ Vehicle Service/Repair – Indoor ☐ Wholesale Distribution - Indoor
- ☐ Service Station ☐ Salvage/Recycling Yard ☐ Contractor/Equipment/Storage Yard ☐ Manufacturing - Outdoors
- ☐ Vehicle Service/Repair – Outdoor ☐ Wholesale Distribution – Outdoor ☐ Mobile Food

Are you a business that is a regulated industry with storm water discharge in accordance with SB205 NPDES permit program? \_\_\_\_\_ If yes, provide the SIC# \_\_\_\_\_ and one of the following: WDID#, WDID Application #, NES#, and NONA# \_\_\_\_\_

**PROPERTY OWNER:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**THE TAX CERTIFICATE PERIOD IS BETWEEN JANUARY 1 TO DECEMBER 31 OF EACH YEAR. BUSINESS TAX CERTIFICATE MUST BE RENEWED ANNUALLY. ADDITIONAL LATE CHARGES ARE APPLICABLE TO ACCOUNT BALANCES WHEN PAYMENT IS NOT RECEIVED BY THE DUE DATE STATED ON THE RENEWAL FORM.**

Issuance of a tax certificate does not constitute a permit to do business. A Business License, which is separate from a Business Tax Certificate is required to operate a commercial business within the City of Atascadero and must receive a building & zoning clearance prior to commencing business operations. It is the responsibility of the Business Owner to ensure the business is in compliance with all laws and regulations pertaining to their specific business. ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE. AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE. I declare, under the penalty of making a false declaration, that I am authorized To complete this form and to the best of my knowledge and belief, it is a true, correct, and complete statement, made in good faith. I also understand and agree that the granting of this license requires my compliance with all applicable Atascadero Municipal Code Provisions, State laws, and all conditions set forth above. At issuance of this business license, I agree to the conditions assigned to the business license. I understand that fees are non-refundable.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Must be signed by business owner or officer only. Faxed signatures are acceptable.

FOR OFFICE USE ONLY		
Date Paid:	Amount Paid:	RCT #:

- ☐ Zoning Clearance
- ☐ Building Clearance



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## Application Fees Effective July 24, 2023

CHANGE OF BUSINESS NAME OR MAILING ADDRESS	<b>\$0</b>	NOTIFY THE CITY BY CALLING 805-461-5000
COMMERCIAL (requires a business license inspection; call 466-8099 after zoning approval.)	<b>\$418</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$190 BUILDING INSPECTION + \$50 TAX + \$4 ADA)	+ EMPLOYEE FEES
COMMERCIAL CHANGE OF PHYSICAL LOCATION	<b>New Fees Apply</b>	+ NEW APPLICATION
COMMERCIAL CONTRACTOR	<b>\$443</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$190 BUILDING INSPECTION + \$75 TAX + \$4 ADA)	No employee fees
EMPLOYEE FEES	<b>\$10 FULL TIME</b>	<b>\$5 PART TIME</b>
HOME OCCUPATION	<b>\$203</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$25 TAX + \$4 ADA)	+ \$10 PER EMPLOYEE
HOME OCCUPATION – CONTRACTOR	<b>\$253</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$75 TAX + \$4 ADA)	
COMMERCIAL – CONTRACTOR	<b>\$443</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$190 BUILDING INSPECTION + \$75 TAX + \$4 ADA)	
HOTEL / MOTEL / APARTMENT COMPLEX* / STORAGE UNIT 1-3 units = tax exempt, but business license is still required.	<b>\$418</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$190 BUILDING INSPECTION IF REQUIRED + \$50 TAX + \$4 ADA)	+ EMPLOYEE FEES + \$2 PER ROOM/UNIT FEE FOR EACH ROOM/UNIT OVER 10
DOWNTOWN BUSINESS IMPROVEMENT AREA (DBIA)	<b>DOUBLE TAX</b> (IN ADDITION TO OTHER APPLICABLE TAXES AND FEES ABOVE)	<b>DOUBLE EMPLOYEE FEES</b>
NON-PROFIT	APPLICATION FEE ONLY + \$4 ADA	NO TAX CHARGED
OUT OF TOWN CONTRACTOR	<b>\$169 ANNUAL</b> (\$90 APP FEE + \$75 TAX + \$4 ADA)	
ONE JOB ONLY OUT-OF-TOWN CONTRACTOR	<b>\$144 ONE-JOB ONLY</b> (\$90 APP FEE + \$50 TAX + \$4 ADA)	
OUT OF TOWN VENDOR	<b>\$144</b> (\$90 APP FEE + \$50 TAX + \$4 ADA)	
SOLICITOR	<b>\$179</b> (\$90 APP FEE + \$74 PER PERMIT + \$11 CARD FEE PER PERSON + \$4 ADA)	1 PERSON / 1 DAY ONLY * \$6 EACH ADDITIONAL DAY
SUB-TENANT	<b>\$228</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$50 TAX + \$4 ADA)	+ EMPLOYEE FEES
VACATION RENTAL or LONG-TERM RENTAL	<b>\$178</b> (\$90 APP FEE + \$84 ZONING CLEARANCE + \$4 ADA)	For a single-family home
BUSINESS LICENSE REPRINT	<b>\$37</b>	

**Application Fees:** Fees are non-refundable. Incomplete applications will not be accepted.

### Change of Occupancy

If your business changes occupancy, you may need to obtain and pay for a building permit to allow for review by the Building Official and to document the change in City records. Some changes of occupancy may also require some modifications to the building, such as additional exits or the installation of a fire sprinkler system.

**Cottage Food:** Obtain a cottage food license from County Health (805-781-5544) prior to applying for your Home Occupation business license.

**CSLB / Pest Control Contractors:** Please provide a copy of your CSLB pocket card. Must be current through [www.cslb.ca.gov](http://www.cslb.ca.gov) or [www.pestboard.ca.gov](http://www.pestboard.ca.gov)

**Health Dept. Approval:** Required for Mobile Food Vendors, Sub-tenants in commercial kitchens, and any business selling food.

**Massage:** Provide a copy of your California Massage Therapy Council license or number.

### One Job Only for Contractors

One-job only business license does not apply to subdivisions, apartments with multiple addresses or multiple permits at one address. Applies to one address/house only.

**Payment:** The City accepts cash and check only (no \$100 bills please) for business license payments.

### SB 1186 (Steinberg). Disability Access Chapter 383, Statutes of 2012 (Urgency)

This measure seeks to increase compliance with the state's disability access laws while reducing unwarranted litigation by:

- Prohibiting demand letters from including a request for money;
- Reducing a defendant's liability for statutory damages if certain conditions are met;
- Permitting a defendant to file for a court stay and early evaluation conference under special conditions;
- Requiring commercial property owners to indicate on a lease or rental agreement whether the property has undergone inspection by a certified access specialist; and
- Requiring cities and counties to collect a **\$4 fee** on an applicant for a local business license and dividing that money between the local entity collecting the money (70 percent) and the state (30 percent).

### License Certifications (Your State License# will be printed on your business license.)

Please provide a copy of your State License # and Expiration Date. DCA issues licenses for automotive, pharmacy, fiduciary, medical board, etc. Visit [www.dca.ca.gov](http://www.dca.ca.gov).

**Non Profits:** Non-Profits pay an application fee + the ADA fee, but no tax with Articles of Incorporation, and/or proof of non-profit status.

### Sub Tenants

Subtenants are tenants that exist within a Commercial location where no fire or building inspections are required and the main tenant has already received a business license and inspection. A Commissary Agreement is required for a sub-tenant working in a Commercial Kitchen as well as a Health Dept. Certificate.

### Tax Exempt

For a list of Business License Tax Exemptions (or businesses that may qualify to have the tax waived), contact the Community Development Dept. at 805-461-5035. DD214 form required for Veterans.



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## ZONING & BUILDING INFORMATION

(For businesses within the City limits of Atascadero)

**Your Business License/Tax Certificate will not be processed until your business location has been approved.**

Please contact the **COMMUNITY DEVELOPMENT DEPARTMENT** for assistance in filling out this form.

**This form is for NEW BUSINESSES / CHANGE OF LOCATION only.**

**Commercial Businesses are required to submit a floor plan with complete square footage and use(s) listed.**

Is your business located in the City Limits of the City of Atascadero? ☐ Yes ☐ No

Are you planning any improvements to the building/tenant space? ☐ Yes ☐ No

If yes, what are the extent of the improvements/changes you have planned:

Do you already have a permit for these changes? ☐ Yes ☐ No If yes, permit # \_\_\_\_\_

Does your building/tenant space have fire sprinklers? ☐ Yes ☐ No

Will you be constructing /installing a new sign? ☐ Yes ☐ No

Estimate number of Employees (not including yourself): \_\_\_\_\_ full-time \_\_\_\_\_ part-time

Is your business located on: ☐ Ground Floor ☐ Upper Floor

Former tenant (if known): \_\_\_\_\_

Are you sharing space with an existing business? ☐ Yes ☐ No If yes, with whom? \_\_\_\_\_

Are you operating as an independent contractor leasing a space in an existing business? ☐ Yes ☐ No

If yes, with what business? \_\_\_\_\_

Floor area occupied by your business: \_\_\_\_\_ sq. ft. Area devoted to outdoor storage: \_\_\_\_\_ sq. ft.

# of apartment/storage/lodging units: \_\_\_\_\_

Total number of off-street parking spaces: \_\_\_\_\_ ☐ Shared Parking ☐ Exclusive Parking

Hours of Operation: \_\_\_\_\_

Are you selling, delivering, and/or offering the following services or products?

☐ Tobacco/Vaping products ☐ Alcohol: ABC Lic. Type \_\_\_\_\_ ☐ Tattoo ☐ Massage Therapy

☐ Filming ☐ Sales on Streets or Sidewalks ☐ Soliciting