

Business License & Tax Certificate Application

Email: businesslicense@atascadero.org if you have questions.



- NEW COMMERCIAL
- 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

ACCOUNT # _____

LICENSEE / Business Name/DBA _____ **Estimated Open Date:** _____

Business is 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.

Date Paid:	Amount Paid:	RCT #:	Zoning Clearance <input type="checkbox"/> Building Clearance <input type="checkbox"/>
------------	--------------	--------	---

Application Fees Effective July 24, 2023

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

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 or 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 for business license payments. Credit cards may be accepted in the beginning of 2024.

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.

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.



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

Working together to **serve**, build **community** and enhance **quality of life**.

Complete this form only if you are applying for a home-based business within City limits.

Home Occupation Conditions

ACCOUNT # _____

I understand that if my home occupation is approved, the following conditions will be applied to my home business, and if I do not abide by these conditions, my Zoning Clearance may be revoked by the City of Atascadero:

1. The home occupation shall be incidental and subordinate to the residential use.
2. The home occupation must not change the residential character of the property. See Atascadero Municipal Code (AMC) 9-6.105 (a).
3. No display of home occupation products for sale shall be visible from a public street or adjoining properties.
4. Outdoor activities on sites of less than one (1) acre shall be conducted entirely within a principal or accessory structure. Outdoor storage is allowed on one acre or more where all storage is to be screened from view of any street or adjacent properties. See AMC 9- 6.105 (3).
5. The use of garage or accessory structure is permitted, subject to AMC Section 9-6.106, as long as the garage is not precluded from vehicle storage.
6. Employees that do not reside at the residence are not permitted, with the exception of employees that may be allowed by approval of an Administrative Use Permit in accordance with AMC 9-6.105 (c).
7. Hours of operation are unrestricted unless the use generates noise; then hours shall be restricted between 7:00 a.m. and 7:00 p.m. and in compliance with noise level standards in AMC 9-14.05.
8. Home occupations are limited to:
 - a. Office-type services that require only one client vehicle at any given time.
 - b. Handcraft or artwork production.
 - c. The personal sale of products (except appliances), when such sales occur on the premises of the purchaser, or at a location other than the home. See AMC 9-6.105 (e).
 - d. Vacation rentals.
9. All onsite retail sales are prohibited except:
 - a. Garage sales or the sale of hand-crafted items and artwork produced onsite are allowed not more than twice per year, for a maximum of two days per sale; and
 - b. Home distributors of cosmetics and personal or household products may supply other home occupation proprietors.
10. One vacation rental is permitted per property, which may accommodate only one rental party at any one time. Vacation rentals shall be within legal residences only. They may not be located in unpermitted structures, structures converted without building permits, recreational vehicles, or outside a legal residence. Vacation rentals are subject to Transient Occupancy Taxes.
11. One sign with a maximum area of two square feet and a maximum height of 4 feet pursuant to AMC 9-15.008 may be displayed. A commercial vehicle carrying any sign identifying the home occupation and parked on or adjacent to the home is included in determining the maximum allowable area of on-site fixed signs.
12. Traffic generated is not to exceed the volume normally expected for a residence. All parking needs of the home occupation are to be met off-street outside the public right-of-way (on the property, not on City-maintained / non-maintained roads).

I am aware and accept all of the above conditions and agree to comply with all requirements of all other applicable City, County, State, and Federal regulations and ordinances. I understand that the Zoning Clearance will be non-transferable and may be revoked at any time for violation of any conditions.

Signature of Applicant(s) _____ **Date** _____