City of Atascadero

ACCOUNT #: _____

COMMUNITY DEVELOPMENT

☐ NEW COMMERCIAL ☐ MULTI-FAMILY/HOTEL
☐ CHANGE OF LOCATION ☐ SUBTENANT ☐ CONTRACTOR
☐ CHANGE OF OWNER ☐ SUBTENANT CHANGE LOCATION
☐ NON-PROFIT OR TAX EXEMPT (PROOF REQUIRED)
☐ DBIA (Downtown Business Improvement Area)

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION
Commercial

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

Detailed description of business, including products and services offered and where services/sales will be provided:

_____

_____

Business Physical Address _____
(Address and Unit #. No PO Box or UPS Store Address) *(City)* *(State)* *(Zip)*

Business Mailing Address _____
(Address and Unit No. or PO Box) *(City)* *(State)* *(Zip)*

Business Phone _____ **Business Email** _____

Standard Industrial Classification Number (SIC #) _____ **(4-digit number)**

A valid SIC # is required for all businesses. Visit https://www.osha.gov/pls/imis/sicsearch.html for a full list of codes.

Is this business subject to the SB205 NPDES permit program? ☐ Yes ☐ No

If yes, provide one of the following: WDID#, WDID Application #, NES#, or NONA# _____

BUSINESS OWNER INFORMATION: *(Attach additional sheet if necessary)*

Owner Name _____ **DL/ID #** _____
First *MI* *Last*

Home Address _____
(Address and Unit No.) *(City)* *(State)* *(Zip)*

Phone Number _____ **Email Address** _____

Owner Name _____ **DL/ID #** _____
First *MI* *Last*

Home Address _____
(Address and Unit No.) *(City)* *(State)* *(Zip)*

Phone Number _____ **Email Address** _____

EMERGENCY CONTACT:

Name _____ **Phone Number** _____

Address _____
(Address and Unit No.) *(City)* *(State)* *(Zip)*

CONTRACTOR LICENSE INFORMATION: *(Required for contractors)*

CSLB / SPCB License # _____ **Class:** _____ **Expiration:** _____

If one-job only: Job Address _____ **Permit #** _____

APPLICANT SIGNATURE

Must be signed by business owner or officer only. Signature must be original or Qualified Electronic Signature.

I, THE UNDERSIGNED, 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 compliance with all applicable Atascadero Municipal Code Provisions, State laws, and all conditions set forth above. 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. I further understand that fees are non-refundable.

Furthermore, I declare that I have read and understand the following disclosures:

- **Business License and Tax Certificate Renewal.** The tax certificate period is between January 1 to December 31 of each year. Business tax certificates 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. Failure to pay renewal fees or notify the city of business closure will result in yearly late fee accrual. Acceptance of payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.
- **American Disability Act.** You may be subject to liability for failure to meet your legal obligation to comply with state and federal disability access laws. The recent issuance or renewal of a business license or equivalent instrument or permit does not mean that your business has been determined to be in compliance with state and federal disability access laws. Visit https://www.atascadero.org/sites/default/files/2023-12/ADA_Disclosure.pdf for more details.
- **Assembly Bill 783 (AB783) – Single User Restrooms.** Under State of California Business and Professions Code section 16000.2, you are hereby notified that Section 118600 of the Health and Safety Code requires you to identify all single-user toilet facilities in your business as all-gender toilet facilities on compliant signage. Visit https://www.atascadero.org/sites/default/files/2023-12/AB_783%28Ting%29_Single-User_Restrooms_Req.pdf or https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=118600 for more details.
- **Public Records Act.** This application is subject to disclosure under the Public Records Act.

At issuance of this business license, I agree to the conditions assigned to the business license.

Applicant Signature _____ **Date** _____

Print Name _____ **Business Name/DBA** _____

OPTIONAL – SERVICE OF PROCESS ADDRESS. Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(3) of the Business and Professions Code. To do so, please fill out the section below.

Service of Process Address _____

(Address and Unit No. or PO Box) (City) (State) (Zip)

Residential Address to protect: ☐ **Business Location** ☐ **Mailing Address** ☐ **Owner/Partner/Officer Address**

NOTE: If your Service of Process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

City of Atascadero

COMMUNITY DEVELOPMENT

PROPERTY OWNER AUTHORIZATION

EMAIL BUSINESSLICENSE@ATASCADERO.ORG WITH ANY QUESTIONS

Applicant / Business Owner Name: _____
(First) *(MI)* *(Last)*

Business Name: _____

Business Location: _____
(Address and Unit No.) *(City)* *(State)* *(Zip)*

Detailed description of business including products and services offered and where services/sales will be provided:

_____

_____

_____

Property Owner Attestation & Authorization

I, the undersigned, hereby certify under penalty of perjury that I am the owner of the subject property or am otherwise legally authorized by the owner(s) to sign this form and any associated documents on their behalf. I am aware of the business activity proposed, and the applicant has my full consent to operate at this location.

I acknowledge that the City of Atascadero will rely on this certification as a true and accurate representation of my authority. I understand that providing false or misleading information regarding property ownership or authorization may result in the immediate revocation of the Business License and may be subject to further legal action or penalties as prescribed by law.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Mailing Address: _____
Address and Unit No. *City* *State* *Zip*

Phone Number: _____ **Email:** _____

City of Atascadero

COMMUNITY DEVELOPMENT

ZONING & BUILDING INFORMATION

For COMMERCIAL businesses within Atascadero City Limits

Please answer ALL the following questions:

(mark "No", "n/a", or "0" for any questions that don't apply to your business)

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

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

Does your building/tenant space have a kitchen hood and suppression system? ☐Yes ☐No

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

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?_____

Floor area devoted to 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? ☐ No

☐Tobacco/Vaping products ☐Alcohol: ABC Lic. Type_____ ☐Tattoo ☐ Massage Therapy

☐Filming ☐Sales on Streets or Sidewalks ☐Soliciting

SITE PLAN

Please use this page to draw your site plan or a separate page may be included with your application.
Visit www.atascadero.org/sites/default/files/2023-06/Elements_of_a_Site_Plan_Commercial.pdf

BUSINESS NAME: _____ ADDRESS:_____

TODAY'S DATE:_____
