City of Atascadero

COMMUNITY DEVELOPMENT

Email: businesslicense@atascadero.org

ACCOUNT #: _____

☐ NEW HOME OCCUPATION
☐ CHANGE OF LOCATION
☐ CONTRACTOR
☐ SHORT-TERM RENTAL
☐ LONG-TERM RENTAL
☐ NON-PROFIT OR TAX EXEMPT (PROOF REQUIRED)

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION
Home Occupation

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:** _____

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 HOME OCCUPATIONS 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

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

Number of Employees (not including yourself) Full-time: _____ Part-time: _____

Is/are employee(s) reporting to the business location? ☐Yes ☐No (Planning approval may be required)

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 (Planning approval may be required): _____sq. ft.

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

HOME OCCUPATION CONDITIONS

Business Name: _____ Address: _____

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 lots of one acre or more where all storage is to be screened from view of any street or adjacent properties. Contractors' offices shall not store tools, materials, or equipment outdoors. See AMC 9-6.105 (a)(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 _____ **Date** _____

Signature of Applicant _____ **Date** _____