



City of Atascadero

COMMUNITY DEVELOPMENT

ACCOUNT #: _____

☐ OUT OF TOWN VENDOR

☐ OUT OF TOWN CONTRACTOR (ANNUAL LICENSE)

☐ OUT OF TOWN CONTRACTOR (1-JOB ONLY)

☐ NON-PROFIT OR TAX EXEMPT (PROOF REQUIRED)

BUSINESS LICENSE & TAX CERTIFICATE APPLICATION

Out of Town Business

Business Name/DBA _____ Estimated Start 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 _____

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 # _____



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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.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=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.