



**CITY OF ATASCADERO**  
 6500 PALMA AVENUE, ATASCADERO, CA 93422  
 805-461-5035, Fax 805-461-7612  
 www.atascadero.org

- NEW COMMERCIAL APPLICATION
- COMMERCIAL CHANGE OF OWNER
- COMMERCIAL CHANGE OF LOCATION
- INDEP. CONTRACTOR IN COMM. BUS.
- OUT OF TOWN CONTRACTOR (CSLB)
  - ONE JOB ONLY (1-address only)
- OUT OF TOWN VENDOR
- INDEP. CONTRACTOR CHANGE OF LOCATION
- NON-PROFIT  SOLICITOR

**BUSINESS LICENSE APPLICATION** (July 25, 2016)  
**Payment Methods Accepted: Cash or Check Only**  
 (No Credit Cards or \$100 bills please)

ACCOUNT # \_\_\_\_\_

Your Business Name/DBA: \_\_\_\_\_ Est. Open Date: \_\_\_\_\_

If working at/in an existing business, name that business: \_\_\_\_\_

Are you doing any building modifications/ additions to your business space? Circle: Yes or No

Does your building have fire sprinklers? Circle: Yes or No

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

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

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_ Business Email \_\_\_\_\_

Business Description: \_\_\_\_\_

Federal ID/Social Security #: \_\_\_\_\_ Corporate I.D. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

*It is mandatory that you provide your Federal ID number or if none, your Social Security number*

Non-Profit I.D. #: \_\_\_\_\_ (Note: You must provide a copy of your Articles of Incorporation)

Applicant(s): \_\_\_\_\_ Home Phone # \_\_\_\_\_  
First Name Middle Initial (required) Last Name

Home Physical Address: \_\_\_\_\_  
Street City State Zip

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

**Construction/Pest Control Contractors only (CONTRACTOR)**

License # (CSLB or SPCB): \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Attach Copy of Pocket Card)

**IF ONE-JOB ONLY:** Job Address \_\_\_\_\_ Permit # \_\_\_\_\_

**ONE-JOB ONLY-Does not apply to subdivisions/apartments with multiple addresses.**

Your application can only be accepted by the City if your CSLB or SPCB License Status is "active" at [www.cslb.ca.gov](http://www.cslb.ca.gov) OR [www.pestboard.ca.gov](http://www.pestboard.ca.gov)

**Other Occupations Licensed by the State** (Dept of Consumer Affairs\*)

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

\* DCA issues licenses for automotive, pharmacy, medical board, etc. Visit [www2.dca.ca.gov](http://www2.dca.ca.gov) for a complete list, or inquire at the City Permit Center.

**For Commercial Business Only** (FLOOR PLAN WITH COMPLETE SQUARE FOOTAGE REQUIRED)

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Previous Business at location: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_  
Name Address Phone #

**Emergency Contacts:**

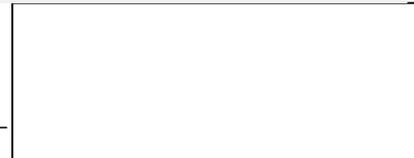
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE. AUTHORIZATION TO CONDUCT BUSINESS 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 true, and correct, and complete statement, made in good faith. I 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.

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Must be signed by business owner or officer only. Faxed signatures are acceptable.  
 Please note that prior to opening, your business location needs to have a zoning and building safety clearance.



**FOR OFFICE USE ONLY**

Date Paid:	Amount Paid:	Receipt #: CD-00	Issue Date:
Zoning & Building Clearance Approved (yes/no):		Date:	



# Change of Occupancy

All buildings are categorized by “occupancy” in the California Building Codes. Occupancies are listed as:

- A – assembly
- B – office
- E – educational
- F – fabricating
- H – hazardous
- I – institutional
- L – laboratory
- M – Mercantile
- R – residential
- S – storage

If your business use changes the occupancy of the building, you will need to get 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. Contact the Community Development Department (461-5035) for more information.

## Application Fees Effective July 25, 2016

(Application Fee Non-Refundable)

### COMMERCIAL:

**New Application = (\$93 App Fee + \$50 Tax + \$1 ADA) = \$144**

**New Application (A, H Occupancy, Fire Sprinklers) = (\$213 App Fee + \$50 Tax + \$1 ADA) = \$264**

Full Time Employee \$10

Part Time Employee \$5

*Non-Profit = \$1 (ADA Fee)  
Must provide copy of  
Articles of Incorporation*

Change of Physical Location: \$93 + New Application Required (\$93 Application Fee)

Hotel/Motel/Apartment Complex/Storage Unit Fees: BL Fee + Occupancy/Fire Sprinklers + Employees + \$2 per room/unit for ea room/unit over 10 rooms/units.

Solicitors' Fees: \$67 Application Fee + \$26 per permit + \$5 per card + \$1 ADA(1 person/1day) = \$99

\$67 Application Fee + \$52 per permit + \$10 per card + \$1 ADA( 2 persons/1day) = \$130

\$5 per day thereafter for each person.

Change of Ownership: New Application Only (Check w/ info counter for fees due, dependent on renewal status)

Change of Name or Mailing address: Notify Central Receptionist

Background Checks: Contact PD for fees

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**OUT OF TOWN CONTRACTOR: One-Job-Only: \$118** (\$50 Tax + \$67 App Fee + \$1 ADA Fee)

**Annual Fee: \$143** (\$75 Tax + \$67 App Fee + \$1 ADA Fee)

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**OUT OF TOWN VENDOR: New Application: \$118** (\$50 Tax + \$67 App Fee + \$1 ADA Fee)

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**INDEPENDENT CONTRACTOR: New Application: \$118** (\$50 Tax + \$67 App Fee + \$1 ADA Fee)

(Within an existing Commercial location where

no fire or building inspections are required)

Plus Employee Fees: \$10 Full Time, \$5 Part Time

**Change of Location: \$67** (\$67 App Fee + New Application)

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## 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 \$1 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).
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**City of Atascadero**  
**Community Development Department**

**PUBLIC INFORMATION - BUILDING SERVICES**

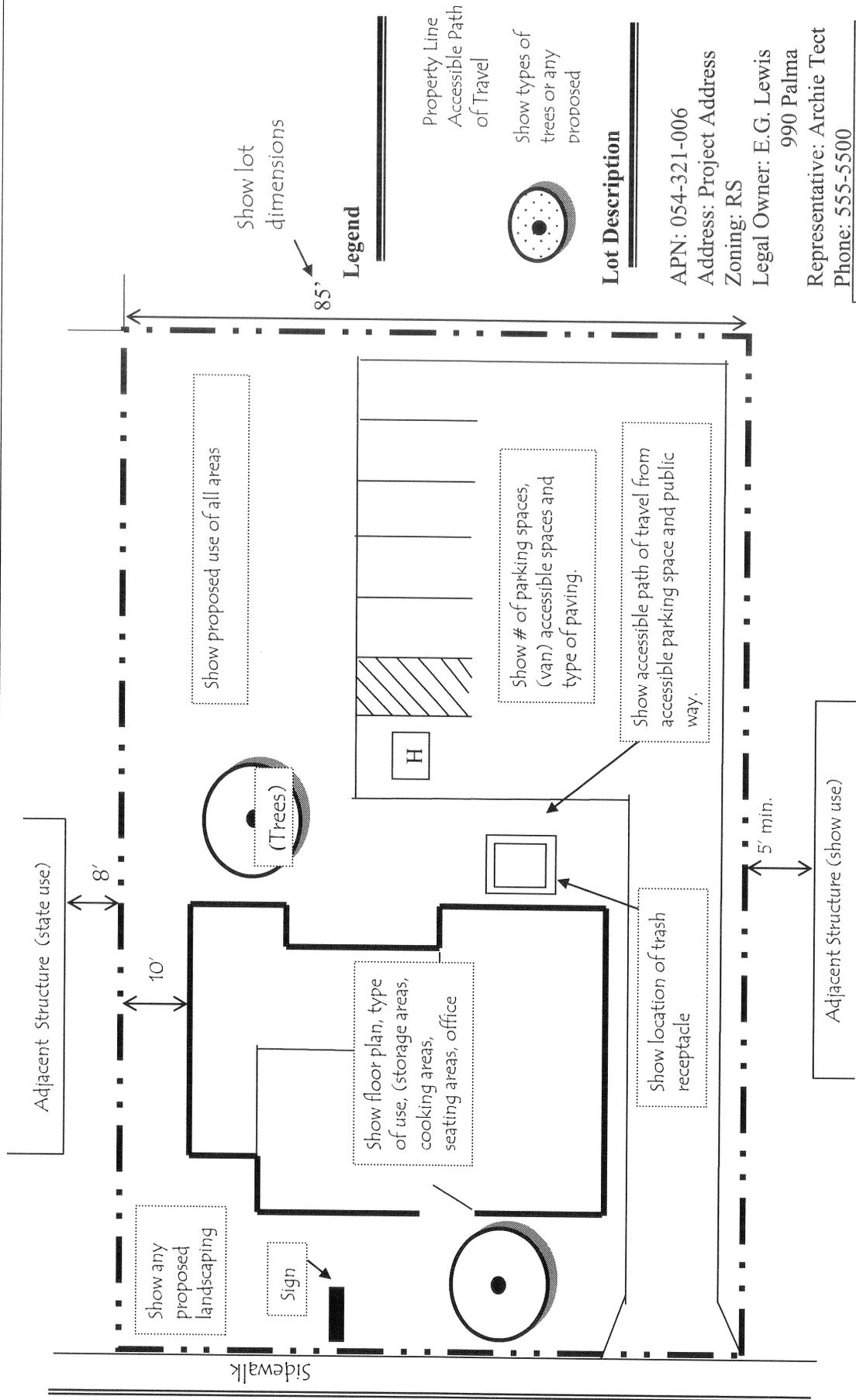
Community Development Department 6500 Palma Avenue Atascadero, CA 93422 (805) 461-5035 fax (805) 461-7612

## ELEMENTS OF A SITE PLAN

The following elements are commonly required for a typical site plan. Please check with a city planner at 461-5035 to see what is appropriate for your site plan.

1. Property address and parcel number.
2. North arrow and scale.
3. Dimensioned property lines and all building setbacks.
4. Location, name, and width (including required widening) of adjacent street.
5. Existing easements.
6. Highlight all proposed buildings and improvements, and indicate existing buildings and improvements that will be retained. Also, indicate any structures to be removed.
7. Vehicle and pedestrian access (including length, width and slope of driveway).
8. Parking spaces, traffic flow direction.
9. All on-site structures, such as walls, fences, propane tanks, etc.
10. Location of signs; existing and proposed.
11. Location and setback of septic tank and leach fields.
12. Location of utility lines (include propane tank if applicable).
13. Planted areas and outdoor use areas.
14. Location of all existing trees. List type, trunk size, canopy diameter, and status (to be removed, saved, tree protection, or other).
15. The name, location, and width of all watercourses, blue-line creeks, etc.
16. Location and use of nearest structures on adjacent properties.
17. Location to nearest fire hydrant.

# Sample Commercial Business Site Plan



Scale: 1 inch = 20 feet

Show lot dimensions

## Legend

Property Line  
Accessible Path  
of Travel



## Lot Description

APN: 054-321-006  
Address: Project Address  
Zoning: RS  
Legal Owner: E.G. Lewis  
990 Palma  
Representative: Archie Teet  
Phone: 555-5500

Lot Coverage: 25%  
Structures= 2,200 sq.ft.  
Lot Size: 35,000 sq. ft.