



City Of Atwater
Community Pride City Wide

City of Atwater, CA (9903) Application for Business License Year 07/01/20__ – 06/30/20__

373 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (855) 219-4338
Email: muniblsupport@avenuinsights.com Online filing: <https://Atwater.BizLicenseOnline.com>

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS**** **PLEASE RETURN ORIGINAL WITH LICENSE FEES****

Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process.

1. Application Type (Required): Renewal New Business Name Change Owner Change Location Change (\$10 fee)
3. Application Date: ____/____/____ Date Business Started in Atwater: ____/____/____
2. Business Name (Required): _____ Business Phone No.: _____
3. Mailing Address: _____
4. Location of Business (No PO Box): _____
 _____ Initial here if the business physical location or job site address provided above IS NOT a residential address.
 _____ Initial here if the business physical location or job site address provided above IS A RESIDENTIAL ADDRESS.
5. Description of Business: _____
6. Contact Name/Title: _____ Contact Phone No.: _____
7. Contact Email: _____ Contact Fax No. _____
8. Form of Ownership (Check One) Required: Sole Proprietorship Corporation LLC-Single Member LLC-Multi Member
 LLP (Limited Liability Partnership) General Partnership Governmental Agency Professional Association Other: _____
9. Name of Business Owner or Corporation Name: _____
10. FEIN No.: _____ Sellers Permit No: _____ State Board Equalization No.: _____
11. Business Owner's Home or Corp. Address: _____
12. Pursuant to CA. Bus. & Prof. Code § 16000.1, provide AT LEAST ONE of the following forms of ID (required):
 SSN: _____ Valid CA DL issued by DMV #: _____ Valid CA ID # issued by DMV: _____
 Taxpayer ID # issued by the IRS: _____ Municipal Identification #: _____ Issued by: _____
13. NPDES Permit Program* – If you are enrolled in the NPDES permit program, provide any of the following, as issued by the State Water Resource Control Board:
 A. Waste Discharge ID No.: _____ B. Waste Discharge Application No.: _____
 C. Notice of Nonapplicability No. (NONA): _____ D. No Exposure Certification No. (NEC): _____
14. List the name of corporate president or names of partners, home address, and phone number, and identification information. Use separate sheet of paper with additional owner/officer information if necessary.

Name	Address	Phone No.
Pursuant to CA. Bus. & Prof. Code § 16000.1, provide AT LEAST ONE of the following forms of ID (required):		
SSN: _____ Valid CA DL issued by DMV #: _____ Valid CA ID # issued by DMV: _____		



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City of Atwater, CA (9903) Business License Information

New Businesses or Businesses who are moving locations within the City of Atwater:

•Zoning Clearance•

Before starting or moving a business, the owner should consult the City Planning Department to determine if the business type or use is consistent with the City zoning ordinance. Consulting the Planning Department before signing a lease or purchase agreement is a simple way to avoid potential delays and costs if your selected location is not allowed.

A business license will not be issued for any relocating or new business that is not in accordance with the City zoning ordinance.

For further assistance, please contact the Planning Department at (209) 357-6340.

•Building Permits•

A business owner must schedule an On-site inspection with the Building Department and the Fire Department before a business license and/or certificate of occupancy can be issued. This applies to new, relocating and change of ownership of an existing business.

The inspections will determine if the facility and business type meet applicable Building and Fire Code requirements. A building permit may be required for renovations, improvements, or other actions to meet code compliance as determined by the Building and/or Fire Officials.

Any identified conditions must be corrected and the permit fees paid prior to the business license or certificate of occupancy issuance before the business can open.

For additional information on permits and fees, contact the Building Department at (209) 357-6343.

New Businesses and Renewing Businesses:

•Business License Fees•

In order to determine your business license tax rate for use in calculation of your business license fee, please see the City of Atwater's Business License Fee Schedule on our website at www.revds.com (For Taxpayer → Documents, Forms, Etc. → California → Taxpayer Forms → Keyword Search Atwater).

•Proof of Certification and/or Permit•

Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

Business Name: _____

Contractor's License: A contractor performing work in the City of Atwater for a limited time, may purchase a business license for twenty-five dollars (\$25.00) for a period of ninety (90) days. Every person engaged in the business of contracting must produce evidence that they hold a valid State Contractor's License before a business license will be issued under Atwater Municipal Code Section 5.08.090.

State Contractor's License #: _____ **Class:** _____

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Section Number	Type of License	Gross Receipts (If Required)	SIC Code (Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee*	Additional Amount Due Based On Calculation	License Fee Due
		\$			\$	\$	\$
		\$			\$	\$	\$
Add 15% late filing fee if filed after July 31st:							\$
CA Senate Bill (Required): (IC 10.00)							\$ 4.00
Total Amount Due:							\$

(Make check payable to: Tax Trust Account and remit to: 373 E Shaw Avenue Box 367; Fresno, CA 93710)

****REQUIRED DEPARTMENTAL SIGNATURES****

Finance Department: _____ **Date** _____

Police Department: _____ **Date** _____

Planning Department: _____ **Date** _____

Building Department: _____ **Date** _____

Public Works Department: _____ **Date** _____

Fire Department: _____ **Date** _____

To be completed by the City of Atwater Business License Department Only:

Payment Method:
(If payment is collected, please submit copy of payment and receipt.)

Check Cash Credit Card
 No Additional Payment Collected

Payment Method Forwarded to Avenu? Yes No

If payment forwarded to Avenu make check payable to "Tax Trust Account".

Form/Pymt Rec'd By: _____

Date Form/Pymt Rec'd: _____

******ALL APPLICANTS MUST READ AND SIGN BELOW******

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY SWEAR THAT THE AMOUNT OF CAPITAL INVESTED OR VALUE OF GOODS, STOCKS, FURNITURE AND FIXTURES OR AMOUNT OF SALES OR RECEIPTS AS REQUIRED FOR DISCLOSURE IN ORDER TO OBTAIN A BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND ISSUANCE OF LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES. I ACKNOWLEDGE THAT WHATEVER ADDRESS HAS BEEN PROVIDED BY ME FOR THE PURPOSE OF LEGAL SERVICE OF PROCESS WILL BE SUBJECT TO PUBLIC DISCLOSURE.

Print Name and Title: _____ **Signature:** _____

Email Address: _____ **Contact Phone No.:** _____

Returned Check Disclaimer: Each returned item received by Avenu Insights & Analytics due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu Insights & Analytics is not responsible for any additional bank fees that will accrue due to the submission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

ADDITIONAL INFORMATION

CA Senate Fee: On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at: <http://www.dgs.ca.gov/dsa/>; The Department of Rehabilitation at: <https://www.dor.ca.gov/>; The California Commission on Disability Access at: <http://www.cdda.ca.gov>. You may also visit <http://www.ci.calistoga.ca.us/businesses/state-casp-fee>.

CALIFORNIA PUBLIC RECORDS ACT INFORMATION: <http://www.boe.ca.gov/info/publicrecords.htm>
CALIFORNIA AB 2184: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2184

California SB205: On October 2, 2019, Governor Newsom signed Senate Bill 205 (SB205) into law. SB205 intends for businesses to demonstrate enrollment with the National Pollutant Discharge Elimination System (NPDES) permit program. You may obtain information about your legal obligations and how to comply with environmental laws at the following agencies: California Water Board: https://www.waterboards.ca.gov/water_issues/programs/npdes/; United States Environmental Protection Agency: <https://www.epa.gov/npdes>.

SIC codes can be found at: <https://www.naics.com/search/>.



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MUNISERVICES

Atwater, CA Police Department Emergency Call Out List

Please Print Clearly. (Note: All of this information is confidential and stored at the City of Atwater's Police Department. This information is not accessible to anyone other than public safety employees and is used for emergency purposes only.)

Business Name: _____

Business Address: _____

Business Phone: _____

Emergency Contacts:

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

Alarm Company: _____

Alarm Company Phone: _____

Alarms: Circle All that Apply:

Fire

Burglar

Panic

Silent

Audible Only

Sprinkler Alarm

****Failure to complete and return this form will not allow the city/data files to be updated to reflect correct information regarding your business. This could result in our inability to contact you in an emergency situation.****



Workers' Compensation Declaration

Business Name: _____

Business Address: _____

I hereby affirm under penalty of perjury one of the following declarations:

Note: Check only one box.

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of work for which this license is issued.
Provide Certificate of Self Insured with application.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier information:

Provide all the following information to avoid delayed processing of application.

Carrier: _____

Carrier Address: _____

Carrier City/State/Zip: _____

Carrier Phone No.: _____

Policy Number: _____

Policy Expiration Date: _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700 of the Labor Code.

Signature: _____ Date: _____

WARNING: Failure to secure Workers' Compensation unlawful, and shall subject an employer to CRIMINAL PENALTIES and coverage is CIVIL FINES up to ONE HUNDRED THOUSAND DOLLARS (\$100,000), in addition to the cost of Compensation, Damages as provided for in Section 3706 of the Labor Code, Interest, and Attorney's Fees.



Business License Operational Statement

It is important for the Business License Operational Statement to provide a complete understanding of the business. **Please respond to all questions.**

1. Please provide the following information:

Applicant(s) Name(s): _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Fax: _____

E-mail Address: _____

2. What is the existing use of the property?

3. Describe in detail the nature of the proposed/existing business and how it is operated.

4. What will be the impact to city services, for example water, sewer, and garbage?

5. What type of equipment is used in your business?

6. If you operate a Home Based Business, is the business enclosed within the residential structure? Yes No

If no, where is the business located? _____

7. What are the proposed hours of operation: _____

8. Type of organization: _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____ Date: _____

Print Name: _____