# BUSINESS LICENSE APPLICATION

CITY OF BLUE LAKE
PO BOX 458 ● 111 GREENWOOD RD.
BLUE LAKE, CA 95525
PH: 707-668-5655 FAX: 707-668-5916
www.bluelake.ca.gov

Application for:

- ☐ New Business
- ☐ Change of Ownership
- ☐ Change of Business Location
- ☐ Change of Business Name
- ☐ Add/Change Business Description

## BUSINESS INFORMATION

**IMPORTANT:** This application is for those with a physical location, in which they conduct business, within Blue Lake's limits.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**Business Name (DBA)** _____
**This name appears on your business license**

**Address/Location** _____
**Business location must be a physical location within City Limits**

**City, State, Zip** _____

Mailing Address _____
If different from business location

City, State, Zip _____

email address _____ **FAX:** _____

**Phone #1** _____ **Phone #2** _____

**Business Start Date*** _____
*start date implies the date this business license is to become effective

**Business activity must be described in detail (attach additional pages as needed):**

Is your business run out of your home? ☐ Yes ☐ No (check one)
**If YES, you must fill out page four.**

Does your business involve preparation of food or beverages?* ☐ Yes ☐ No (check one)
*If YES, you must provide an approved health certificate which can be acquired through the County Health Department or MEHKO

## OWNERSHIP INFORMATION

Business Ownership Type:

- ☐ Corporation
- ☐ Partnership
- ☐ Sole Proprietor
- ☐ Limited Liability Company
- ☐ Other: (describe) _____

1st Owner Name or Corporate Name _____

2nd Owner Name _____

Additional Owners _____

☐ Owner is a Veteran ☐ Organization is Non-Profit
If you have checked either box please provide a copy of your DD Form 214 or your proof of non-profit status to have fees waived.

**Number of Positions** including Owner (use full-time equivalents*) _____
*full-time equivalents allows each employee up to 2080 work hours per year

## FINANCE DEPARTMENT USE ONLY

BUSINESS LICENSE # _____ CUSTOMER # _____

| | | Annual | Pro-rated |
|---|---|---|---|
| Exempt | _____ | | |
| Class | _____ | $ _____ | $ _____ |
| # of Employees | _____ | $ _____ | $ _____ |
| SB1186 | | $ 4.00 | $ 4.00 |
| Non-resident | | $ _____ | $ _____ |
| TOTAL | | $ _____ | $ _____ |

Period, if pro-rated
From _____
To _____

SB1186 is a $4.00 annual fee not subject to pro-ration.

Receipt No_____ Receipt Date_____ Date Invoiced for initial fees:_____

If you checked any of the following boxes, additional information may be required:

- ☐My business will involve the sale of secondhand property.
- ☐My business will involve the sale of firearms.
- ☐My business will involve the operation of a card room.
- ☐My business will involve auctions.
- ☐My business will involve a Cottage Food industry.
- ☐My business will involve a Microenterprise Home Kitchen.

If any of these conditions apply, please contact the Planning Department at (707)668-5655 to determine what additional information and/or requirements may have to be provided and/or met.

Identification Numbers (at least one identification number must be provided):

Social Security Number (SSN) - if sole proprietorship without FEIN _____

Federal Employer (FEIN) _____

Board of Equalization - Sellers Permit (if applicable) _____

Contractor's License Number (if applicable) _____

Other License Number: Type _____

License Number _____

Expiration Date _____

## WORKERS' COMPENSATION DECLARATION-MUST BE SIGNED & COMPLETED

**Check applicable box and sign declaration:**

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

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided by Section 3700 of the Labor Code for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code.

Policy Number: _____ Insurance Carrier: _____

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 laws of the State of California. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

**Name, Printed** _____

**Signature** _____

**Date** _____

## CERTIFICATION-MUST BE SIGNED & COMPLETED

I, the undersigned, in applying for a business license from the City of Blue Lake, certify under penalty of perjury that the information included with this application is true and accurate. I also understand that issuance of a City business license does not authorize a person to conduct an unlawful business or to conduct a business that is not in compliance with all other rules, regulations and statutes of the State of Local governments.

**Name, Printed** _____ **Title** _____

**Signature** _____ **Date** _____

## SB1186

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of $4 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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 www.dgs.ca.gov/dsa/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov

The California Commission on Disability Access at www.ccda.ca.gov

CITY OF BLUE LAKE BUSINESS LICENSE APPLICATION 

## PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY

### ZONING INFORMATION

What zone is this business in? _____

Is this business allowed in this zone? _____NO _____YES, no permit required _____YES, with a permit

What is permit application status? _____

### REQUIRED PARKING

City parking requirements are found in Municipal Code Section 17.24.100. If you have questions, contact the Planning Department at (707)668-5655 to determine the number, size and type of spaces needed.

Floor area of your business: _____square feet

Total number of off-street parking spaces provided exclusively for your business: _____

### SIGN PERMITS

Most new businesses will need new signs, and new signs require a sign permit. Check with the Planning Department at (707)668-5655 for specific requirements and to obtain Sign Permits.

### HAZARDOUS MATERIALS INFORMATION

If any of the following equipment or material is required for the proposed use, please indicate size, type and amount:

Acid _____ Flammables _____

Chemical solvents _____ Parts washer _____

Clarifier _____ Spray booth or painting _____

Explosives _____ Equipment requiring

Grease trap _____ cooling water _____

Comments or information: _____

### GENERAL INFORMATION

Please indicate whether this is: change of use ____, newly constructed building ____, change of business occupant ____, additional occupant ____, or change of ownership _____. Former use, if known: _____.

Are any modifications to the building needed? Outside _____ Inside _____Estimated cost _____

Comments, if any_____

Are entry and toilet facilities Handicapped Accessible? _____Yes _____No

Type of Sewer Account: Light Commercial _____, Heavy Commercial _____, Residential_____,
Pretreatment Program Required: _____Yes _____No

Property has multiple units intended to rent out as my business (ex: motel) ___Yes____No If yes, how many units?_____

### CITY USE ONLY

APN _____

| | | | |
|---|---|---|---|
| Planning Department approved? | Yes | No | Signed: _____ |
| Building Department approved? | Yes | No | Signed: _____ |
| Fire Department approved? | Yes | No | Signed: _____ |
| Health Certificate Received? (if applicable) | Yes | No | Signed: _____ |

Notes:

## PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY

SUPPLEMENTAL INFORMATION FOR A BUSINESS LOCATED OUTSIDE OF A COMMERCIAL/INDUSTRIAL DESIGNATION

If your business will be run out of your home, complete the checklist below.

The City provides that some types of small businesses may be run out of a home. As such, the City of Blue lake requires that a Home Occupation Permit Application be approved prior to commencing of the business. If your business falls within the definition of a Home Occupation, you are responsible for notifying the City Planner for application information prior to commencing with the business activity.

The definition of a Home Occupation is the conduct of a business including an art of profession, the offering of a service or the handcraft manufacture of products on a residentially-zoned property or dwelling as a residence, and in accordance with the provisions of Section 9606 of Zoning Ordinance No. 244, as amended.

Please answer the following questions:

| | | | |
|---|---|---|---|
| 1. | Will your business employ someone who will work at your residence but does not live there? | ☐Yes | ☐No |
| 2. | Will your business require any new structural, electrical, mechanical, or plumbing alterations? | ☐Yes | ☐No |
| 3. | Will your business involve storing materials and supplies used or distributed at the residence? | ☐Yes | ☐No |
| 4. | Will any vehicular or pedestrian traffic be generated at the residence? | ☐Yes | ☐No |
| 5. | Is a sign identifying the business proposed for the residence? | ☐Yes | ☐No |
| 6. | Will business activities, other than phone calls, be conducted out of the home? | ☐Yes | ☐No |
| 7. | Does your business include sales/distribution of a handcrafted item beyond what would be considered as a hobby? | ☐Yes | ☐No |
| 8. | Will any aspect of the business be noticeable at the residence? | ☐Yes | ☐No |

**For any YES answers, please describe further below. Any YES answers to the above questions may require that a Home Occupation Permit be applied for. Please contact the City Planner for more information.**

ADDITIONAL INFORMATION ABOUT PROPOSED BUSINESS.

**Business activity must be described in detail.**

CITY PLANNER USE ONLY

CITY PLANNER DETERMINATION:

☐ Business License can be approved. Home Occupation Permit Not Required.

☐ Home Occupation Permit Required.

☐ Business Not Allowed in Residential Area.

Keep this page for your information and use

# BUSINESS LICENSE APPROVALS CHECKLIST

**City of Blue Lake**
**PO Box 458**
**111 Greenwood Rd.**
**Blue Lake, CA 95525**
**(707)668-5655**
www.bluelake.ca.gov

This contact information may be needed for you to successfully receive all necessary approvals to obtain your business license. Please allow at least one business day after filing your application before contacting these departments to schedule inspections, etc. Once all approvals are submitted to the City Clerk by the departments listed below an invoice will be mailed to you and once paid a license will be issued to you.

## Planning

All Business Licenses require the approval of the Planning Department. Most Planning approvals are made internally and do not need to be scheduled. If there are any further inspections needed, the planning department will contact you.
If you have questions, please direct them to (707)668-5655.

## Mandatory Inspections

☐ **BUILDING---(707)668-5655/building-official@bluelake.ca.gov**

The building department will require an inspection of your place of business to determine if all building requirements have been met. You may call and schedule this inspection.

My Notes:

☐ **FIRE---(707)668-5765/bluelakefire@gmail.com**

The fire department will require an inspection of your place of business when the location is ready for normal business operation to begin. You may call to schedule your inspection once your location is business ready.

My Notes:

## Important Information for the Business License Applicant:

Upon completion of the business license application process (including completion of any necessary approvals) you will receive an invoice for any fees applicable. Fees are prorated quarterly. If your start date is mid fiscal year your initial fees will be prorated accordingly. **You will not receive your business license until those fees are paid in full.**

Any invoice that is not paid by the due date is subject to a 10% penalty each month for up to 50% of the total of the business license fees owed. Following the penalties if such fees are still delinquent you may be subject to an **administrative citation**. It is important that you keep in contact with our office if there are any changes which prevent you from paying.

Business licenses are renewed annually and expire December 31st each year. You will automatically receive a renewal invoice in the mail. Do not ignore this invoice if you have ceased business and do not plan to renew for the upcoming fiscal year. **It is the responsibility of the business owner to notify the City of Blue Lake of the cease of your business.**

If there are any changes to your business such as:

- Location of Business
- Number of Employees
- Business Owner
- Business Name
- Mailing Address/ Contact Information
- Business Activities
- If no longer doing business within our City Limits

**It is your responsibility to notify the City of Blue Lake of any such change as soon as possible.**

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

# NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

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:

DEPARTMENT OF GENERALSERVICES, Division of the State Architect, CASp Program

*www.dgs.ca.gov/dsa*

*www.dgs.ca.gov/casp*

DEPARTMENT OF REHABILITATION Disability Access Services

*www.dor.ca.gov*

*www.rehab.cahwnet.gov/disabilityaccessinfo*

DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access

*www.ccda.ca.gov*

*www.ccda.ca.gov/resources-menu/*

## CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit *www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx*.

## GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

### Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at *www.irs.gov*.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at *www.ftb.ca.gov*.

### Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at *www.irs.gov*.

### California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at *www.treasurer.ca.gov/cpcfa/calcap/*.

## FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at *www.ada.gov*.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at *www.bsc.ca.gov*.