

**City of Solvang Business Certificate**  
**Period: January 1 – December 31, 2018**



**Complete the fields below, sign and date, and return with fee of \$34.00.**

City of Solvang  
 1644 Oak Street  
 Solvang, CA 93463

BUSINESS INFORMATION			
Business Name:			
Business Address: (Physical Location):			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Business <i>Mailing</i> Address:			
City:		State:	ZIP Code:
Sole Proprietor:	Partnership:	Corporation:	Other:
Date Business Commenced:		Number of Employees (Full Time Equivalent):	
Type of Business:		Hours of Operation:	
Federal Tax ID#:		Security Patrol/Caretaker On Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State ID #:		Security Patrol/Caretaker Phone:	
Business Website:		Property Owned or Leased:	
Square Footage of Business Space:		APN Number:	
Zoning:		Business Description:	
Weapons on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Toxic Materials Handled or Stored: <input type="checkbox"/> Yes <input type="checkbox"/> No			
MSDS Sheets Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Process in the business that may affect water, sewer or air quality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BUSINESS OWNER INFORMATION			
Business Owner Name:		Address:	
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Property Owner/Manager Name (if different than Business Owner):			
Property Owner/Manager Address (if different than Business Owner):			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
AGREEMENT			
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 a true, correct, and complete statement, made in good faith. I understand and agree that the granting of this certificate requires my compliance with all applicable City of Solvang Municipal Code Provisions, state laws, and all conditions set forth above.			
SIGNATURE OF APPLICANT			
Signature:		Date:	
Print Name:			
FOR CITY OF SOLVANG USE ONLY			
Date Received:		Amount Paid:	
Date Posted:		Posted by:	
Planning Approval:		Date:	

**Questions? Please contact the City at 805-688-5575.**

## Notices

### **Disability Access Law**

California Government Code Section 4467 requires the City of Solvang to collect an additional \$1 with the Business Certificate fee. We are also required to notify all business that 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:

Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)

Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

### **Mandatory Commercial Recycling**

California Public Resources Code Section 42649.2 requires after July 1, 2012, a business that generates four cubic yards or more of commercial solid waste per week or is a multifamily residential dwelling of five units or more shall arrange for recycling services. Business can take one or any combination of the following in order to reuse, recycle, compost or otherwise divert solid waste from disposal:

- 1) Self haul
- 2) Subscribe to an approved hauler services
- 3) Arrange for the pickup of recyclable materials
- 4) Subscribe to an approved recycling service that may include mixed waste processing that yields diversion results comparable to source separation.

A property owner of a commercial business or multifamily residential dwelling may require tenants to source separate their recyclable material to aid in compliance with the law.