



City of Solvang
Business Certificate
Application
Valid for Year 2026

Check Mark One:
New Business in City Limit
New Business Not in City Limit

Certificate Number: _____

****For City Staff Use Only****

Section 1: Business Information *Must Be Completed in Full*

Business Name: _____ Sole Proprietor: Yes No
Legal Entity/ Owner: _____
Email: _____ Phone: _____
Primary Contact (If Different from Owner) : _____
Email: _____ Phone: _____
Business Physical Location: _____ City: _____ State: _____ Zip: _____
Is this a home address? Yes No *If yes, please submit home occupation permit*
Mailing Address: _____ City: _____ State: _____ Zip: _____
State License Type (Contractor/Massage Therapist/Etc.): _____ License #: _____
Federal EIN Number: _____ CA Tax ID: _____
Number of Employees: Full Time _____ Part Time _____ Total Number of Employees _____
Type of Business: Beverage Tasting/Bar Restaurant Grocery General Retail Lodging Massage
Therapy Personal Services (salon, hairdresser, barber) Craft/ Vendor Fair Vehicle Repair Services
Banking Professional Services Landscaping/ Gardening Contractor Health/ Fitness Office Non-
profit Other (please specify): _____
Hours of Operation: _____ Social Media Handle/ Website: _____
Emergency Contact: _____ Relationship to Owner: _____
Phone Number: _____ Email: _____

Section 2: Property Information **ONLY APPLICABLE TO BUSINESSES IN CITY LIMITS**

Property Owned Leased

Property Owner/ Management Company: _____

Phone Number Email: _____ Phone Number: _____

Section 2 Continued:

Security Alarm on Site: Yes No If Yes:

Company Name: _____ Phone Number: _____

Misc. Business Information – Check Mark if Applicable

On-Site Security/Caretaker Weapons Kept on Premise Storage of Toxic Materials Business Affects Air Quality
 Business Affects Water Quality Business Affects City Sewer

Property APN (can be found at [Assessor Map Secured Property Look Up \(sbccassessor.com\)](http://sbccassessor.com))

APN #: _____

THE BUSINESS CERTIFICATE PERIOD IS BETWEEN JANUARY 1 TO DECEMBER 31 OF EACH YEAR. BUSINESS CERTIFICATES MUST BE RENEWED ANNUALLY AND APPLICATION FEES ARE NON-REFUNDABLE. ADDITIONAL LATE CHARGES ARE APPLICABLE TO ACCOUNT BALANCES WHEN PAYMENT IS NOT RECEIVED BY THE DUE DATE STATED ON THE RENEWAL NOTICE. IF RENEWAL NOTICE IS NOT RECEIVED, IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO CONTACT THE CITY AND FOLLOW UP ON THE RENEWAL PROCESS.

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 to reuse, recycle, compost or otherwise divert solid waste from disposal:

- (1) Self-haul.
- (2) Subscribe to an approved hauler service.
- (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.

Disability Access Law

California Government Code Section 4467 requires the City of Solvang to collect an additional \$4.00 with the Business Certificate Fee. We are also required to notify all businesses 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 and spaces open to the public. You may obtain information about your legal obligations and how to comply with disability access laws via the following websites:

Division of the State Architect: www.dgs.ca.gov/dsa/Home.aspx

Department of Rehabilitation: www.rehab.cahwnet.gov

California Commission on Disability Access: www.cdda.ca.gov

Disability Access Law Continued

Existing law, the Construction-Related Accessibility Standards Compliance Act, requires a local agency to employ or retain building inspectors who are certified access specialists (CASp) to provide consultation to the local agency, permit applicants, and members of the public on compliance with state construction-related accessibility standards with respect to inspections of a place of public accommodation that relate to permitting, plan checks, or new construction, as specified.

On and after January 1, 2024, each city, county, or city and county, in a separate document at least 8¹/₂ inches by 11 inches in size, shall provide to an applicant for a business license or equivalent instrument or permit and to an applicant for the renewal of a business license or equivalent instrument or permit, the following statement, the heading and first paragraph of which shall be written in a 28-point font, and the second of which shall be written in an 18-point font.

“Mandatory ADA Disclosure”

ATTENTION: 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.

Section 3: Certification and Acknowledgement

Certification and acknowledgement. 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, correct, and complete statement made in good faith. I understand and agree that granting of this certificate requires my compliance with all applicable Federal, State of California, and City of Solvang Municipal Code provisions, laws, and regulations.

Name of Business Owner/ Representative: _____

Signature: _____ Date: _____

NO LONGER IN OPERATION Complete to Formally Close a Business Certificate with the City

My Business, _____ is no longer in operation within the City of Solvang and I hereby terminate my business certificate.

Certificate Number: _____

Name of Business Owner/ Representative: _____

Signature: _____ Date: _____