



COMMERCIAL BUSINESS PERMIT APPLICATION

PROJECT NO:

DATE:

RECEIPT NO:

REC BY:

NEW

LOCATION
TRANSFERLICENSEE
TRANSFER

TOTAL FEES

☐ **\$437**
\$323 Zoning Clearance
\$114 Bldg./Safety Insp.☐ **\$437**
\$323 Zoning Clearance
\$114 Bldg./Safety Insp.☐ **\$323**
No change(s) to
business operationsCITY OF SANTA PAULA • P.O. BOX 569 • SANTA PAULA, CA 93061 • (805) 933-4214 • www.ci.santa-paula.ca.us/planning

PLEASE PRINT CLEARLY (POR FAVOR IMPRIME CLARAMENTE)

BUSINESS DESCRIPTION (DESCRIPCIÓN DEL NEGOCIO)

Business Name:

(Nombre del negocio)

Business Address:

(Dirección del negocio)

Business Phone:

(Teléfono del negocio)

Business Email:

(Correo electrónico del negocio)

Business Description:

(Descripción del negocio – que vende)

Hours/Days of Operation:

(Horas/días de operación)

Projected Opening Date:

(Fecha de apertura estimada)

Is there an existing business or more than one business proposed for this location?

☐ YES ☐ NO (If yes, a separate application is required for each business on the property)**ZONE:**

BUSINESS OWNER INFORMATION (INFORMACIÓN DEL PROPIETARIO DE NEGOCIOS)

Business Owner Name:

(Nombre del propietario de negocios)

Phone:

(Teléfono)

Business Owner Mailing Address:

(Dirección de correo – Incluyen ciudad, estado y código postal)

Email:

(Correo electrónico)

PROPERTY OWNER INFORMATION (INFORMACIÓN DEL DUEÑO DE LA PROPIEDAD)

Property Owner Name:

(Nombre del dueño)

Phone:

(Teléfono)

Property Owner Mailing Address:

(Dirección de correo – Incluyen ciudad, estado y código postal)

Email:

(Correo electrónico)

APPLICANT SIGNATURE (FIRMA DEL SOLICITANTE)

By signing this statement: I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated.

Al firmar esta declaración: declaro / declaramos, bajo pena de perjurio, que esta certificación fue hecha por mí, que estoy autorizado a hacer dicha declaración y, a mi leal saber y entender, es un retorno verdadero, correcto y completo, y hecho de buena fe por el período indicado.

Applicant Signature:

(Firma del solicitante)

Date:

(Fecha)

Print Full Name:

(Imprimir nombre completo)

CLEARANCE AUTHORIZATION / INSPECTION APPROVAL

• FOR STAFF USE ONLY

COMMUNITY DEVELOPMENT DEPARTMENT: This certifies that the requested use detailed above is permitted in the zoning district noted by staff on this form, which applies to the property listed as the Business Address on this form, and staff review of the applicable planning and zoning records supports this determination. This certification is limited to the use described on this form only and does not in any way grant or otherwise imply approval of a site development plan; nor does it certify conformance with applicable site development standards inclusive of parking, landscaping, lot coverage, or signs.

PLANNING DIVISION AUTHORIZATION:**BUILDING & SAFETY DIVISION INSPECTION APPROVAL:****DATE:****NOTES:****DATE:****NOTES:**

BUSINESS / TENANT IMPROVEMENTS QUESTIONNAIRE (CUESTIONARIO DE MEJORAS DEL INQUILINO Y DEL NEGOCIO)										
1	Will you be altering, adding to, remodeling, modifying, or replacing any of the following? (¿Estará alterando, agregando, remodelando, modificando o reemplazando alguno de los siguientes?)									
	BUILDING (Edificio)	(Walls, ceilings, stairs, exterior alterations, interior/exterior lighting, etc.) If yes, please specify:					☐ YES (Si)	☐ NO (No)		
	ELECTRICAL (Eléctrico)	(Outlets, panel/electrical service, etc.) If yes, please specify:					☐ YES (Si)	☐ NO (No)		
	PLUMBING (Plomería)	(Sinks, drains, water heater, etc.) If yes, please specify:					☐ YES (Si)	☐ NO (No)		
	MECHANICAL (Mecánico)	(Furnace/heater, air conditioning, fans, ducting, etc.) If yes, please specify:					☐ YES (Si)	☐ NO (No)		
2	Is there any work (started and/or completed) that is yet to be permitted? (¿Hay algún trabajo (iniciado y / o completado) que aún no se haya permitido?)						☐ YES (Si)	☐ NO (No)		
	If yes, please specify: (En caso afirmativo, especifique:)									
3	Does your business include any of the following? (¿Su empresa incluye alguno de los siguientes?)									
	WOODWORKING OR CABINETMAKING (Madera o gabinetes)						☐ YES (Si)	☐ NO (No)		
	AUTO REPAIR OR BODY SHOP WORK (Trabajo de auto o body shop)						☐ YES (Si)	☐ NO (No)		
	WELDING (Soldadura)						☐ YES (Si)	☐ NO (No)		
4	Do you use or possess any of the following materials as part of your business? (¿Utiliza o posee alguno de los siguientes materiales como parte de su negocio?)									
	FLAMMABLES (Inflamables)	☐ YES (Si)	☐ NO (No)	PESTICIDES (Pesticidas)	☐ YES (Si)	☐ NO (No)	COMPRESSED GAS CYLINDERS (Cilindros de gas comprimido)	☐ YES (Si)	☐ NO (No)	
	CORROSIVES (Corrosivos)	☐ YES (Si)	☐ NO (No)	HERBICIDES (Herbicidas)	☐ YES (Si)	☐ NO (No)	RADIOACTIVE MATERIAL (Material radioactivo)	☐ YES (Si)	☐ NO (No)	
	EXPLOSIVES (Explosivos)	☐ YES (Si)	☐ NO (No)	FERTILIZERS (Fertilizantes)	☐ YES (Si)	☐ NO (No)	OTHER: (Otro)	☐ YES (Si)	☐ NO (No)	
5	Which of the following fire protection equipment do you have onsite at your proposed business? (¿Cuál de los siguientes equipos de protección contra incendios tiene en su sitio en su negocio propuesto?)									
	FIRE EXTINGUISHERS (Extintores)			☐ YES (Si)	☐ NO (No)	HALON SYSTEM (Sistema de halon)			☐ YES (Si)	☐ NO (No)
	ALARM SYSTEM (Sistema de alarmas)			☐ YES (Si)	☐ NO (No)	HOOD SYSTEM (Sistema de campana)			☐ YES (Si)	☐ NO (No)
	SPRINKLER SYSTEM (Sistema de rociadores contra incendios)			☐ YES (Si)	☐ NO (No)	OTHER: (Otro)			☐ YES (Si)	☐ NO (No)
6	Will you serve and/or sell food and/or beverages? (Va a servir y / o vender alimentos y / o bebidas?)						☐ YES (Si)	☐ NO (No)		
7	Will you serve and/or sell alcohol? (Va a servir y / o vender alcohol?)						☐ YES (Si)	☐ NO (No)		
8	Will there be over 50 people occupying your proposed business? (¿Habrá más de 50 personas ocupando su negocio propuesto?)						☐ YES (Si)	☐ NO (No)		
9	Do you plan to install any new signs or change any existing signs on the building or property? (¿Planea instalar nuevos letreros o cambiar cualquier letrero existente en el edificio o propiedad?)						☐ YES (Si)	☐ NO (No)		
10	Have you confirmed that the Certificate of Occupancy is correct for your proposed business? (¿Ha confirmado que el Certificado de ocupación es correcto para su negocio propuesto?)						☐ YES (Si)	☐ NO (No)		
11	How many square feet is your commercial space? (¿Cuántos pies cuadrados tiene su espacio comercial?)						SQUARE FEET: (Pies cuadrados:)			
12	How many parking spaces are assigned for use by your proposed business? (¿Cuántos espacios de estacionamiento se asignan para su negocio?)						PARKING SPACES: (Plazas de aparcamiento:)			

CONFIRMATION OF UTILITY SERVICES (CONFIRMACIÓN DE SERVICIOS DE UTILIDAD)	
By initialing here, Business Owner and/or Applicant acknowledges applicable requirement(s) to maintain basic utility services (water, electricity, gas, etc.) and restroom facilities at all times at the business address specified on this form. Al poner sus iniciales aquí, el propietario comercial y / o el solicitante reconoce el (los) requisito (s) aplicable (s) para mantener los servicios públicos básicos (agua, electricidad, gas, etc.) y las instalaciones sanitarias en todo momento en la dirección comercial especificada en este formulario.	Initials: (Iniciales:)



BUSINESS LICENSE TAX STATEMENT APPLICATION

CERTIFICATE PERIOD / REVENUE ESTIMATE

FROM:
(Desde)

TO:
(Hasta)

ESTIMATED GROSS REVENUE:
(Ingreso total estimado)

CITY OF SANTA PAULA ■ P.O. BOX 569 ■ SANTA PAULA, CA 93061 ■ (805) 933-4211 ■ www.ci.santa-paula.ca.us

APPLICATION INSTRUCTIONS (INSTRUCCIONES DE APLICACIÓN)

- ☐ **NEW / RELOCATED COMMERCIAL BUSINESS BASED WITHIN CITY LIMITS**
Complete this form + *Commercial Business Permit Application* and submit with fees
- ☐ **HOME OCCUPATION BUSINESS BASED WITHIN CITY LIMITS**
Complete this form + *Home Occupation Permit Application* and submit with fees
- ☐ **BUSINESS BASED OUTSIDE CITY LIMITS**
Complete this form *only* and submit with fees – CDD approval not required
- ☐ **ONE DAY VENDOR / EVENT**
Complete this form *only* and submit with fees – CDD approval not required **Select One*

FEES (MATRÍCULA)

TAX FEE (CUOTA FISCAL)	PENALTY	ADJUST	CA FEE	TOTAL
			\$4	

APPLICANT INFORMATION (INFORMACIÓN DEL APLICANTE)

Fictitious Business Name/DBA (if applicable):

(Nombre comercial ficticio/DBA (si corresponde))

Legal Owner or Corporation Name:

(Propietario legal o nombre de la corporación)

Entity Type: ☐ Sole (Único) ☐ Partnership (Asociación) ☐ Corporation* (Corporación) ☐ LLC/LLP* (LLC/LLP) ☐ 501(c)(3)* (501(c)(3))

**Attach copy of Articles of Incorporation, LLC/LLP, or 501(c)(3) verification*

City Limits: ☐ Inside (Dentro) ☐ Outside (Afuera)

Federal Tax ID No.:

(Número de identificación fiscal federal)

Board of Equalization/Resale No.:

(Número de la Junta de Igualación/Reventa)

State Employer ID No.:

(Número de identificación del empleador estatal)

State License No.:

(Número de licencia estatal)

Exp.:

(Vencimiento)

Social Security No.:

(Número de seguridad social)

Date of Birth (if required):

(Fecha de nacimiento (si es requerido))

BUSINESS INFORMATION (INFORMACIÓN DE NEGOCIOS)

Business Description:

(Descripción del negocio)

Number of Employees:

(Número de empleados)

Full Business Address:

(Dirección comercial completa)

**Cannot be a P.O. Box (No puede ser un apartado de correos)*

Business Phone:

(Número de teléfono del negocio)

Business Email:

(Correo electrónico del negocio)

Business Mailing Address (if different):

(Dirección postal del negocio (si es diferente))

Owner/Corporation Address (if different):

(Dirección del propietario / corporación (si es diferente))

Owner/Corporation Phone:

(Número de teléfono del propietario / corporación)

Owner/Corporation Email:

(Correo electrónico del propietario / corporación)

ADDITIONAL INFORMATION (INFORMACIÓN ADICIONAL)

GROUP NO.	VEHICLES	LIVING UNITS	MACHINES		
			VENDING	AMUSEMENT	MUSIC

REVISIONS TO RECEIPTS (REVISIONES DE RECIBOS)

PREVIOUS EST GROSS RECEIPTS			ACTUAL GROSS RECEIPTS		

SIGNATURE (FIRMA)

By signing this statement: I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated, pursuant to the provisions of the Business Tax Ordinance Code of the City of Santa Paula. I further certify there has been no change in ownership since the last application or renewal.

Applicant Signature:

(Firma del solicitante)

Date:

(Fecha)

Print Full Name:

(Imprimir nombre completo)

RATE SCHEDULE 100

BUSINESS LICENSE TAX STATEMENT

Your annual business license tax statement ("business license") fee is based off the estimated gross revenue of your business for one (1) year. Locate your estimated gross revenue figure in the table below, and enter the corresponding amount in the TAX FEE box on the front page. If you underestimate your gross revenue, the City will bill you for the difference to the correct fee amount upon renewal.

La tarifa anual de declaración de impuestos de licencia comercial ("licencia comercial") se basa en los ingresos totales estimados de su negocio durante un (1) año. Ubique su cifra de ingresos totales estimados en la tabla a continuación e ingrese el monto correspondiente en el recuadro CUOTA FISCAL en la página principal. Si subestima su ingreso total, la Ciudad le facturará la diferencia al monto correcto de la tarifa al momento de la renovación.

CODE	GROSS INCOME RANGE	FEE
110	\$39,999—Under	\$25
120	\$40,000—\$59,999	\$35
130	\$60,000—\$99,999	\$45
140	\$100,000—\$199,999	\$65
150	\$200,000—\$299,999	\$85
160	\$300,000—\$399,999	\$100
165	\$400,000—\$499,999	\$125
170	\$500,000—\$599,999	\$150
175	\$600,000—\$799,999	\$175
180	\$800,000—\$999,999	\$200
181	\$1,000,000—\$1,999,999	\$225
182	\$2,000,000—\$2,999,999	\$250
183	\$3,000,000—\$3,999,999	\$275
184	\$4,000,000—\$4,999,999	\$300
185	\$5,000,000—\$5,999,999	\$325
186	\$6,000,000—\$6,999,999	\$350
187	\$7,000,000—\$7,999,999	\$375
188	\$8,000,000—\$8,999,999	\$400
189	\$9,000,000—\$9,999,999	\$425
190	\$10,000,000—Above	\$450
+\$25 per each \$1 million additional gross receipts or fraction thereof.		
Rate Schedules 200 (Dance/Entertainment/Delivery/Miscellaneous), 300 (Rental Units), 400 (Theaters), 500 (Vending/Amusement) are applicable as required and will be provided for review as needed.		



CITY OF SANTA PAULA
APPLICABILITY FOR COVERAGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

Facilities, which industrial activities are described by one of the following criteria, are required to obtain coverage under the National Pollutant Discharge Elimination System (NPDES), General Permit for Storm Water Discharges Associated with Industrial Activities, Order No. CAS000001. For more information about business applicability, call Steve Clark at (805) 933-4212 ext. 306. More information on how to apply and complete the NPDES Permit application is available at:

http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml. Check the applicable box(es) below.

- ☐ **Facilities Subject To Storm Water Effluent Limitations Guidelines, New Source Performance Standards, or Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N:** Cement Manufacturing (40 C.F.R. Part 411); Feedlots (40 C.F.R. Part 412); Fertilizer Manufacturing (40 C.F.R. Part 418); Petroleum Refining (40 C.F.R. Part 419); Phosphate Manufacturing (40 C.F.R. Part 422); Steam Electric (40 C.F.R. Part 423); Coal Mining (40 C.F.R. Part 434); Mineral Mining and Processing (40 C.F.R. Part 436); Ore Mining and Dressing (40 C.F.R. Part 440); Asphalt Emulsion (40 C.F.R. Part 443); Landfills (40 C.F.R. Part 445); and Airport Deicing (40 C.F.R. Part 449).
- ☐ **Manufacturing Facilities:** Facilities with Standard Industrial Classifications (SICs) 20XX through 39XX, 4221 through 4225.
- ☐ **Oil and Gas/Mining Facilities:** Facilities classified as SICs 10XX through 14XX, including active or inactive mining operations (some exceptions apply; for more info visit http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml)
- ☐ **Hazardous Waste Treatment, Storage, or Disposal Facilities:** Hazardous waste treatment, storage, or disposal facilities, including any facility operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act.
- ☐ **Landfills, Land Application Sites, and Open Dumps:** Landfills, land application sites, and open dumps that receive or have received industrial waste from any facility within any other category of this Attachment; including facilities subject to regulation under Subtitle D of the Federal Resource, Conservation, and Recovery Act, and facilities that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance).
- ☐ **Recycling Facilities:** Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093.
- ☐ **Steam Electric Power Generating Facilities:** Any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.
- ☐ **Transportation Facilities:** Facilities with SICs 40XX through 45XX (except 4221-25) and 5171 with vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified under this Permit as associated with industrial activity.
- ☐ **Sewage or Wastewater Treatment Works:** Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge, that are located within the confines of the facility, with a design flow of one million gallons per day or more, or required to have an approved pretreatment program under 40 Code of Federal Regulations part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.
- ☐ Business is subject to the NPDES Permit as indicated above. Its WDID is _____ or Application Number is _____. Alternatively, business has received the following NONA number _____ or NEC number _____.
- ☐ None of the above; my business is not subject to coverage under the NPDES Permit.

As a business owner, I certify that the provided business information is correct and accurate.

Business Name: _____

Business Address: _____

Business Assessor's Parcel Number: _____

Business Owner Name: _____

Business Owner Signature: _____ **Date:** _____



DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSE 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
GENERAL SERVICES,
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
GENERAL SERVICES,
California Commission on
Disability Access

<https://www.dgs.ca.gov/>
www.cdda.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, including legal protections. (For additional information on these legal protections, refer to the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51- 55.545))

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: https://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

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 <http://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/cpcf/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.



PER SB748

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.

Please see the attached materials for more information.



ENSURING EQUAL ACCESS TO YOUR BUSINESS

The State of California wants to ensure that all people have equal access to public and private services. Many people with disabilities do not have equal access to services because many business owners do not take the time to ensure that their businesses are accessible. Some common problems disabled people encounter are:

- (1) The building has architectural barriers that make it difficult or impossible for someone using a wheelchair, walker, or other mobility device to get inside or move around.
- (2) The business uses a website that does not work with screen reading devices and other assistive technology.
- (3) The business does not allow people with disabilities to enter the building with their service animals.
- (4) The staff do not receive ADA training and do not know about the requirements to modify practices or to provide auxiliary aids and services.

As the operator of a business, it is your responsibility to ensure that your business provides equal access to people with disabilities. Refusing to make your business accessible is discrimination under state and federal law. People with disabilities and the government have the right to sue businesses that discriminate.



The best way to protect yourself from a lawsuit is to make your business accessible. Here are some important steps you should take:

(1) Schedule an inspection with a Certified Access Specialist. A Certified Access Specialist (CASP) is a person who the State of California recognizes as having specialized knowledge of accessibility standards. They can inspect your business and tell you what changes you need to make for your business to be accessible to disabled people. Getting a CASP inspection has important benefits, like giving you extra protection in a lawsuit.

To find a CASP in your area, contact the CASP Program at the Division of the State Architect. You can also visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx

Additionally, you should contact your local government and ask what resources it has to help businesses comply with disability access laws. The State of California makes money available to local governments to create programs that help business owners comply with disability access laws.

(2) Learn about accessibility laws from reliable sources. There is a lot of misinformation about accessibility laws. Get information about your rights and responsibilities as a business owner from reliable, trustworthy sources. California has several agencies that provide fact sheets, trainings, and other educational materials about



Citrus Capital of the World

City of Santa Paula

Community & Economic Development

accessibility. In fact, one of these agencies, the California Commission on Disability Access, was created by the Legislature for the purpose of helping businesses comply with accessibility laws. You should contact the following agencies and ask for information on how to comply with accessibility laws:

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

The Division of the State Architect: www.dgs.ca.gov

The Department of Rehabilitation: www.dor.ca.gov

(3) Making your business accessible is good for everyone. It makes your business available to more customers. It also promotes fair and equal access. We thank you for doing your part to help make California a great place for everyone!