



CITY OF DOWNEY

BUSINESS REGISTRATION APPLICATION

FINANCE DEPARTMENT
 11111 Brookshire Avenue
 Post Office Box 7016 • Downey, CA 90241
 TEL (562) 904-7249 • FAX (562) 904-7270
 www.downeyca.org

GENERAL INFORMATION							
Business Name (DBA)							
Business Address							
City	State	Zip	Area Code/Telephone				
Mailing Address							
City	State	Zip	Area Code/Telephone				
Description of Business (Be specific) _____							
Home Occupation Yes <input type="checkbox"/> No <input type="checkbox"/>							
Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.P. <input type="checkbox"/> L.L.C. <input type="checkbox"/>							
Downey Start Date		Federal Tax ID No.			Sales Tax (Seller's Permit) No.		
Business E-Mail							
Does your business have a California State License? Yes <input type="checkbox"/> No <input type="checkbox"/>		State License Number		Classification(s) / Type		Expiration Date	
Owner's Name (If corporation, use corporate name. If partnership-principal)							
Residence Address (If different)						Area Code/Telephone	
Driver's License No.		State	Expiration Date		Social Security No.		
List of Principal Officer's or Partner's Names and Addresses				Title		Area Code/Telephone	
				Title		Area Code/Telephone	
BUSINESS OPERATIONS INFORMATION							
RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION				GENERAL/PROFESSIONAL SERVICES INFORMATION			
Does your business sell to the general public? (Y/N) <input type="checkbox"/>				Does your business provide a professional service? (Y/N) <input type="checkbox"/>			
Is your business wholesale? (Y/N) <input type="checkbox"/>				(practice of law, medicine, dentistry, accounting, engineering, etc.)			
Is your business manufacturing? (Y/N) <input type="checkbox"/>				How many employees does your business have working in Downey?			
Is your business automobile sales? (Y/N) <input type="checkbox"/>				Non-professional? _____ Professional? _____			
Do you operate a food cart/pushcart? (Y/N) <input type="checkbox"/>				Does your business offer massage? (Y/N) <input type="checkbox"/>			
If yes, where do you operate? _____				Do you operate an ambulance or non-emergency transport business? (Y/N) <input type="checkbox"/>			
Do you plan to sell alcoholic beverages? (Y/N) <input type="checkbox"/>				NEW OR RENEWAL OF BUSINESS TAX CERTIFICATE			
If yes, ABC License Type _____							
Does your business have amusement machines, video games, vending machines and/or pool tables? (Y/N) <input type="checkbox"/>				On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 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.			
How many: _____ Type: _____							
What is your first year estimated gross receipts? \$ _____							
ACKNOWLEDGEMENT							
<p>I understand that this application is not a permit to conduct business or begin operation and does not imply or waive the requirement of the City, State or Federal Statutes. I understand that it is the business owners' responsibility to ensure that the property is properly zoned for its intended use. The city may conduct an inspection as a result of this application and any deficiencies or corrections will be forwarded to the applicant for correction. If this business is operated I declare under penalty of perjury that to the best of my knowledge and belief the foregoing is true.</p>							
SIGNATURE (Typing your name here constitutes your digital signature) _____				DATE _____		PRINT NAME/TITLE _____	
PLANNING APPROVALS							
Date		Signature			Zone		Use
FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE							
Account Number	Location	Type	Rate	Expiration Date	Received By	Source	Date Received
Details/Remarks							

COMPLETE THE QUESTIONNAIRE ON THE FOLLOWING PAGE IF YOUR BUSINESS IS LOCATED WITHIN THE CITY OF DOWNEY.



CITY OF DOWNEY

BUSINESS REGISTRATION QUESTIONNAIRE

For Businesses Located within the City of Downey

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COMMUNITY DEVELOPMENT DEPARTMENT

Please check with the Planning Division's Public Counter prior to signing a lease or committing your business to a certain location to determine if it is possible to occupy your proposed space.

1. Do you plan on storing any materials or conduct any work outside of the building? () Yes If yes, please describe below. () No

2. Do you plan on making any improvements to the building (ex: exterior painting, signage, exterior modifications, interior tenant improvements, etc.?)

3. Do you intend to prepare or sell food for on-site consumption? () Yes () No If yes, how many seats (_____) and total square footage of customer area (_____ square feet). Please explain:

4. Does your business sell automobiles, trucks, or motorcycles? () Yes () No If yes, () New () Used Please explain:

5. Does your business service or repair vehicles or install equipment and accessories into vehicles? () Yes If yes, Please explain below:
() No

6. Does your business require any on-site manufacturing? () Yes If yes, please explain below. () No

7. Does your business handle or use any flammables, gases, irritants, or toxic chemicals? () Yes If yes, please explain below. () No

FIRE DEPARTMENT - CHECK THE APPROPRIATE BOXES BELOW

- () Yes () No 1. Will you be storing or warehousing a product or commodity in an area exceeding 500 square feet? If yes, complete items A & B below.
() Yes () No A. Rack Storage over 12 feet in height?
() Yes () No B. Plastics, rubber goods, tires, flammable liquids, idle pallets over 6 feet in height?
- () Yes () No 2. Will your business have compressed gases?
- () Yes () No 3. Will there be any Liquefied Petroleum Gases (LPG) storage outside the building?
- () Yes () No 4. Will you be welding or cutting, using flame producing devices?
- () Yes () No 5. Will assemblies in excess of 49 persons take place on your premises (conference rooms, lunchrooms, restaurants, etc.)?
- () Yes () No 6. Will you be doing any operations that produce explosives or flammable DUST (woodworking, sanding/grinding or any wood materials, metal polishing)?
- () Yes () No 7. Will you handle, use, or store any hazardous materials in tanks, drums, containers or any closed or open system?
- () Yes () No 8. Will you use, store, or transport chemicals (new or waste state)?
- () Yes () No 9. Will you manage or produce biohazardous materials or waste?
- () Yes () No 10. Are there or will there be any active or inactive, or closed underground storage tanks on the property?