



CITY OF DOWNEY

FINANCE DEPARTMENT - BUSINESS REGISTRATION

P. O. Box 7016 - 11111 Brookshire Ave, Downey, CA 90241
Phone (562) 904-7249 - Fax (562) 904-7270 - www.downeyca.org

APPLICATION FOR BUSINESS REGISTRATION

BUSINESS DETAILS: Applications must be typed, or legibly hand printed in blue or black ink					
Business Name (DBA)					
Name of Sole Business Owner or Legal Entity(Corporation/LC/Partnership)					
Owner(s) or Principal(s)				Title(s)	
Contact Person for Business License				Contact Person's Direct Phone Number	
Public Business Address					
Service of Process Address (Address where business has consented to receive official U.S. Mail)					
Business Mailing Address: <input type="checkbox"/> Check if same as above					
Public Business E-mail Address		Public Web Site		Public Business Phone	Fax Number
Type of Ownership (Check One): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Downey Start Date	Home Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAICS CODE
Description of Business (Be specific)					
NEW --SB205 STORMWATER DISCHARGE COMPLIANCE. Businesses required to obtain a stormwater permit under the federal Clean Water Act through enrollment with the National Pollutant Discharge Elimination System permit program must provide the SIC # _____ NPDES/WDID Permit # _____ and complete the SB205 Stormwater Discharge Compliance form available on city's web page. Failure to demonstrate required enrollment within 90 days of applying can result in denial of such business license application or renewal for insufficient information as required per State Law. *** For more information about the SB205 Stormwater Discharge Compliance please visit www.cityofdowney.org/i-want-to/get/business-license *** Business Registration page.					
Is your Business	Retail <input type="checkbox"/> Yes <input type="checkbox"/> No	Wholesale <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturing <input type="checkbox"/> Yes <input type="checkbox"/> No	Automobile Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Products Sold (If Applicable)		Are you required to collect sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seller's Permit (Resale #)	
Business Vehicles Used in the City? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?		Ambulance or non-emergency transport? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mobile/Sidewalk Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub Contractor	Contractor's Lic #	Classification	Expiration Date	Job Address	
State License (# / Type / Exp. Date)		Health Permit #	ABC License #	Fire Permit #	Massage Permit #
Number of employees working in Downey Non professional _____ Professional _____		Live Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No		TV or Jukebox <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you handle, store, or use hazardous materials/chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No			Burglar Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coin Operated Machines? <input type="checkbox"/> Yes <input type="checkbox"/> No	# Vending	# Amusement	# Service	# Music	# Bulk
Vending Company's Name/Address/Phone					
# of rental units (Apts/Motel/Spaces)			Rental address(es) if different from above		
Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form.					
SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION					
If you wish to protect your residential address with a different service of process address, please provide it here. NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.					
Service of Process Address					
Residential Address to protect		<input type="checkbox"/> Business Location	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Owner/Partner/Officer Address	
OFFICE USE ONLY:					
DATE _____		Signature _____		Zone _____	Use _____
COMMENTS/CONDITIONS: _____					
Police Permit Required <input type="checkbox"/>	Police Permit Received <input type="checkbox"/>	Alarm Permit Received <input type="checkbox"/>	Location Change Only <input type="checkbox"/>	Update Only <input type="checkbox"/>	
COMMENTS: _____					
Account Number: _____		Expiration Date _____		Total Due: _____	

