

## **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 - <u>www.downeyca.org</u>

## **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(Corp	oration/LC/Partn	ership)									
Owner(s) or Principal(s)						Title(	Title(s)					
Contact Person for Business Lic	cense						Cont	Contact Person's Direct Phone Number				
Public Business Address							<u> </u>					
Service of Process Address (Ad	dress where busine	ess has consente	d to receive offi	icial U.S. Mail)								
Business Mailing Address:   C	heck if same as abo	ove										
Public Business E-mail Address			Public Web Site				Public Business Phone			Fax Number		
Type of Ownership (Check One):		Downey Star	Start Date Home				Occupation?			NAICS CODE		
☐ Sole Proprietor ☐ LLC LLP						·		NAIGO GOBE				
<u> </u>	Corporation				☐ Ye	s 🗆 No	) 					
Description of Business (	Be specific)											
NEWSB205 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.city  Is your	ofdowney.org/i-wan	t-to/get/business	-license *** Bus Wholesale	siness Registratio	n page.	Manufacturin	.~					
Business		No	vinolesale  Yes	☐ No		Manufacturing  Yes			Automobile Sales  Yes No			
Description of Products Sold (If Applicable)  Are you required to collect sales tax?  Seller's Permit (Resale #)												
Business Vehicles Used in the City?  Ambulance or non-emergency transport?  Mobile/Sidewalk Vendor?												
☐ Yes ☐ No Ho	ow Many?		☐ Ye	es 🔲 No			Yes	☐ No				
☐ General Contractor☐ Sub Contractor	Contracto	or's Lic#	(	Classification		Expiration D	ate	Job Addre	ess			
State License (# / Type / Exp. Da	ate)	F	Health Permit #		ABC Licens	se #	Fire	Permit #	N	/lassage Per	mit #	
Number of employees working in Downey  Non professional Professional			Live Entertainment?			Yes 🔲 No		TV or Jukebox		Yes No		
Do you handle, store, or use hazardous materials/chemicals?			☐ Yes			☐ No Burgla		ar Alarm System?		☐ Yes	☐ No	
Coin Operated # Vending			# Amusem	# Music			# Bulk					
Machines? ☐ Yes ☐ I	No											
Vending Company's Name/Addr	ess/Phone											
# of rental units (Apts/Motel/Space	ces)		Rental add	dress(es) if differe	ent from abov	e						
Per AB 2184, you may prote and 16100.1(a)(2) of the Bus	siness and Profes	sions Code. To	o do so, pleas	se fill out the sec	ction on the	bottom of th	nis form.		•			
SEI If you wish to protect your resid NOTE - if your service of proces Business and Professions Code Service of Process Addres	ss address is a post e.	a different service	e of process add	dress, please pro	vide it here.							
Residential Address to pro		☐ Business Lo	ocation	☐ Mailing	Address		Owner/Pa	rtner/Officer A	Address			_
OFFICE USE ONLY:	Signature		PLA	NNING APPROV	AL		Zone			Use		
COMMENTS/CONDITIONS	-									_		_
Police Permit Required	☐ Police F	ermit Received	d 🗖	Alarm Permi	it Received		Location	Change Only		Update	Only	_
COMMENTS:  Account Number:  Total Duck							_					
Account Number:		Ехріі	ration Date				Fotal Due:					

## (NON-PUBLIC INFORMATION)

		<del>  ` `                                 </del>							
Estim	nated gross receipts	Applicable Identification Number (Check One):  ☐ Social Security/ITIN ☐ Drivers License							
		☐ Federal Tax ID	Municipal	ID NUMBER					
Owne	er or Principal			Title					
Resid	dence Address								
City,	State, Zip		Email			Phone			
Date	of Birth SSN	TIN			DLN/Other I	/Other ID			
Signa	ature			Date					
Partner's Name or Secondary Principal (If applicable)  Title									
Resid	dence Address								
City,	State, Zip				Phone				
Date	of Birth SSN	ITIN			DLN/Other ID				
Signa	ature			Date					
ALTI	ERNATIVE CONTACT IN CASE OF EMERG	ENCY:							
Name	;	Title			Pho	ne			
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.  Signature:  Title:									
Printe	ed Name:		Date:						
FOR HOME OCCUPATION LICENSES (DOWNEY BUSINESSES ONLY)									
Home Occupation Conditions of Approval:  No person shall conduct a home occupation use unless such home occupation use is conducted in conformity with all the following criteria:									
	Such use shall be conducted solely within the confi	•		-		<del>-</del>			
(b) The home occupation shall be conducted by a member or members of the family residing on the property and as an incidental use to the primary residential use. No other person shall be employed.									
` '	(c) Garages or carports, whether attached or detached, shall not be used for a home occupation, other than for the storage of an automobile.								
	(d) No sign associated with such a use shall be allowed.  (e) No storage or display of materials, supplies, or equipment related directly or indirectly to a home occupation shall be permitted.								
<ul><li>(e) No storage or display of materials, supplies, or equipment related directly or indirectly to a home occupation shall be permitted.</li><li>(f) In conducting such home occupation, no mechanical equipment shall be used if such equipment makes a noise that is perceptible on any abutting property.</li></ul>									
<ul><li>(g) No motor vehicle shall be used or kept on the premises, except a vehicle of the passenger automobile variety, or a commercial vehicle not exceeding eight thousand five hundred (8,500) pounds (gross vehicle weight) in size, and such commercial vehicle shall be parked in an enclosed garage.</li></ul>									
(h) The home occupation use shall not have utility services other than those required for normal residence use.									
(i) There shall be no entrance or exit way specifically provided in the dwelling or on the premises for the conduct of the home occupation thereon.									
(j) No customer shall be served on the premises, and no pedestrian or vehicular traffic shall be generated beyond that incidental to a residential use.									
(k) No mechanical equipment, material, or other substance or object shall be used which is not customarily used in a residence.  By signing below, I certify that I have read, understand, and adhere to all applicable guidelines as stated above.									
	Signature			D	ate				
IMPORTANT INFORMATION: Please notify the Business License Registration Department Office of any changes to the business, including business name, location, owners, partners, business type or									
activity. If the business registration is not updated accordingly, it may no longer be valid and the business owner may then be liable for penalties and administrative citations.									
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 GENERALSERVICES, Division of the State Architect, CASp Program www.dgs.ca.gov/dsa  DEPARTMENT OF REHABILITATION Disability Access Services www.dgr.ca.gov  DEPARTMENT OF GENERALSERVICES, California Commission on Disability Access www.ccda.ca.gov									
	2-4	<u> </u>							

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. On October 11, 2017, this \$1 fee was extended indefinitely and, on Jan. 1, 2018 until Dec. 21, 2023, the amount was increased from \$1 to \$4. The fee will revert back to \$1 on Jan. 1, 2024.