

**CAR WASHING AND POLISHING REGISTRATION APPLICATION**  
**洗車打蠟註冊申請表**

**(If additional space is needed, please attach a separate page and indicate the number of the item for which the information is being provided.)**  
**(如果需要額外的空間填寫，請另外附一頁紙，注明提供資訊的相關欄目。)**

1. Name of legal entity (employer) applying for registration 申請註冊的法人實體(僱主)的名稱	2. Fictitious business name (doing business as (dba)), if applicable 虛擬企業名稱(營業名稱(dba))，如果適合
3. Applicant's business street address (number, street, city, county, state, zip code) 申請人的辦公街道地址(號碼，街道，城市，郡，州，郵區編碼)	4. Business telephone number 辦公電話號碼 (      ) _____
5. Applicant's mailing address, if different from street address (e.g., P.O. Box) 申請人的通信地址，如果與街道地址不同(例如，郵政信箱)	6. E-mail address 電子信箱地址
7. Fictitious business name (dba) and street address (number, street, city, county, state, zip code) of all car washing and polishing facilities operated by applicant: 申請人經營的全部洗車打蠟場所的虛擬營業名稱(dba)和街道地址(號碼，街道，城市，郡，州，郵區編碼): A) Dba:/ 營業名稱: _____ Address: 地址: _____ B) Dba:/營業名稱: _____ Address:/地址: _____ C) Dba:/營業名稱: _____ Address:/地址: _____ D) Dba:/營業名稱: _____ Address:/地址: _____	8. Telephone number of location listed in item 7 第 7 欄所列地址的電話號碼 (      ) _____  (      ) _____  (      ) _____  (      ) _____
9. This is an application for a:此項申請是為了 <input type="checkbox"/> New Registration 新的註冊  <input type="checkbox"/> Renewal Registration 續期註冊	10. Is applicant permissively self-insured against liability to pay worker's compensation claims?/申請人是否自己投保了經許可的勞工工傷責任保險? <input type="checkbox"/> Yes / 是的 <input type="checkbox"/> No / 沒有  If the answer to the above is "no," does applicant have current worker's compensation insurance coverage? /如果答案是“沒有”，申請人是否有現行勞工工傷保險? <input type="checkbox"/> Yes / 是的 <input type="checkbox"/> No / 沒有  Name of Insurer / 保險商的名稱: _____ Address / 地址: _____ Policy No. / 保險單號碼: _____ Effective date / 生效日期: _____ Expiration date / 期滿日期: _____
11. If renewal, give previous registration number 如果是續期申請，寫出以前的註冊號碼  CW - _____	
12. Applicant's form of legal entity (check one) / 申請人的法人實體形式(勾選一項):  <input type="checkbox"/> Sole Proprietorship (an individual) / 獨資經營(個人) <input type="checkbox"/> Partnership / 合伙企業 <input type="checkbox"/> Corporation / 公司 <input type="checkbox"/> Limited Liability Company / 有限責任公司	
13. If sole proprietorship – full name, residential address and social security number of owner 如果是獨資經營 – 業主的完整姓名，居住地址和社會安全號碼 Name:/姓名: _____ Home Address:/居住地址: _____ Social Security Number: 社會安全號碼: _____	14. Home telephone number 住家電話號碼 (      ) _____
15. If partnership – full name, residential address, and social security number of all partners 如果是合伙企業 – 所有合伙人的完整姓名，居住地址和社會安全號碼  Name:/姓名: _____  Home Address:/ 居住地址: _____ Social Security Number: 社會安全號碼: _____ Name:/姓名: _____  Home Address: 居住地址: _____ Social Security Number: 社會安全號碼: _____ Name:/姓名: _____  Home Address: 居住地址: _____ Social Security Number: 社會安全號碼: _____	16. Home telephone number of each person named in item 15 第 15 欄中每個人的住家電話號碼  (      ) _____  (      ) _____  (      ) _____

<p>17. If corporation or LLC – full name, title, residential address, and social security number of all corporate officers/LLC. 如果是公司或者有限責任公司 – 所有公司高級職員/LLC 的完整姓名，居住地址和社會安全號碼</p> <p>Name and title: 姓名和職務: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>Name and title: 姓名和職務: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>Name and title: 姓名和職務: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p>		<p>18. Home telephone number of each person named in item 17 第 17 欄中每個人的住家電話號碼</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>19. Full name, residential address, and social security numbers of all persons employed by the applicant who exercise management responsibility over any car washing and polishing facility operated by applicant, regardless of applicant's form of legal entity. 不管申請人是何種法人實體形式，申請人雇用對洗車打蠟場所行使管理責任的所有人員的的完整姓名，居住地址和社會安全號碼。</p> <p>Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number: 社會安全號碼: _____</p> <p>Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number: 社會安全號碼: _____</p>		<p>20. Home telephone number of each person named in item 19 第 19 欄中每個人的住家電話號碼</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>21. Full name, residential address, and social security numbers of all persons , except bona fide employees on a regular salaries, who have a financial interest of 10 percent or more in applicant's business, regardless of applicant's form of legal entity. 不管申請人是何種法人實體形式，領取正常薪水的真正員工除外，在申請人的企業享有 10%以上經濟權益的所有人員的完整姓名，居住地址和社會安全號碼。</p> <p>A) Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>B) Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>C) Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p> <p>D) Name: 姓名: _____</p> <p>Home Address: 居住地址: _____</p> <p>Social Security Number:/社會安全號碼: _____</p>		<p>22. Home telephone number of each person named in item 21 第 21 欄中每個人的住家電話號碼</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>23. Actual percent owned by each person named in item 21. 第 21 欄中列出的每個人所擁有的實際百分數。</p> <p>A) _____</p> <p>B) _____</p> <p>C) _____</p> <p>D) _____</p>	<p>24. If a corporation: 如果是公司: Date of incorporation: 公司成立日期: _____</p> <p>State of incorporation: 成立公司的州: _____</p>	<p>25. Federal and state employer identification numbers: 聯邦和州雇主稅號:</p> <p>FEIN: _____</p> <p>SEIN: _____</p>	<p>26. If a foreign corporation, date articles of incorporation were filed with the California Secretary of State 如果是外來公司，向加州州務卿提交公司章程的日期</p> <p>_____</p>	<p>27. If a corporation, is corporation in good standing with the California Secretary of State? 如果是公司，公司在加州州務卿具有良好的記錄嗎？</p> <p><input type="checkbox"/> Yes / 是的</p> <p><input type="checkbox"/> No / c</p>

28. Does any person named in items 13, 15, 17, 19, or 21 presently:  
第 13, 15, 17, 19 或 21 欄所列出的人中是否有人目前:

Owe an employee any unpaid wages?

A. 拖欠人員的工資  Yes / 是的  No / 沒有

Have an unpaid judgment outstanding?

B. 沒有支付判決的工資?  Yes / 是的  No / 沒有

Have an outstanding lien or lawsuit pending against him/her?

C. 有沒有解決的留置權或未決的訴訟?  Yes / 是的  No / 沒有

Owe any payroll taxes, personal, partnership or corporate income taxes, social security taxes or disability insurance contributions?

D. 拖欠薪資稅, 個人、合伙或公司所得稅, 生活安全稅或殘障保險稅?  Yes / 是的  No / 沒有

If "yes" to any of the above, provide details below, including name, address and telephone number of the employee(s), judgment creditor(s), lienholder(s), other party(ies) to the lawsuit, and/or government agency that is owed money, case/file number, a description of the type of debt, tax, lien, or lawsuit, amount owed, court where lawsuit is pending, and a description of any payment arrangements, if any.

如果上述答案中有 "是的", 在下面提供細節, 包括下列欠錢對象 -- 雇員、判決債權人、留置權持有人、訴訟的另外一方及政府機構的名稱、地址和電話號碼, 案件/檔案號碼, 說明債務、稅、留置權或訴訟的類型, 所欠金額, 訴訟待決的法院, 說明付款安排, 如果有。

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29. Has a business named in items 1 or 7, or a person named in items 13, 15, 17, 19, or 21, ever been cited or assessed a penalty for violating a provision of the California Labor Code, or an order of the Industrial Welfare Commission regulating wages, hours and working conditions?

第 1 或 6 欄列出的企業, 或者第 13, 15, 17, 19 或 21 欄列出的個人是否因為違法「加州勞工法」規定而被開傳票或罰款過, 或者收到過「工業福利委員會」管理工資、工時及工資條件方面的決議?

Yes / 是的  No / 沒有

If "yes," provide details below, including name of the business/person cited, date a nature of the citation, amount of penalties assessed for each citation, and the disposition of the citation, if any. Describe any appeal filed contesting the citation, and the outcome. If the citation was not appealed, or if it was appealed and upheld, indicate whether or not the penalty assessment was paid, and if so, the date on which it was paid.

如果 "是的", 在下面提供細節, 包括收到傳票的企業/個人的名稱, 日期, 傳票的性質, 每張傳票的罰款金額, 傳票的處理, 如果有的話。說明對傳票提出爭議的上訴及其結果。如果傳票沒有被上訴, 或者上訴後維持裁決, 說明是否支付罰款, 如果支付了, 支付的日期。

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30. Does applicant have any final judgments against him, her, or it for unpaid wages due an employee or former employee of a car washing and polishing business that is required to be registered pursuant to California law that has not been fully satisfied?

申請人是否因為沒有支付所欠雇員或以前的雇員在根據加州法律註冊的洗車大蠟場所而有沒有付清的最終裁決?

Yes / 是的  No / 沒有

If "yes," provide details below, including, name of parties, name and location of court and case number, amount of judgment, date judgment became final, and an explanation as to why judgment has not been fully satisfied.

如果 "是的", 在下面提供細節, 包括有關當事人的姓名, 法院名稱和地點, 裁決金額, 最終裁決日期, 並且解釋為何沒有完全付清裁決金額。

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31. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code?

申請人繳納了「加州失業保險法」規定的適當保險金額嗎?

Yes / 是的  No / 沒有

If "no," has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final?

如果 "沒有", 「就業發展部」(EDD) 是否對未付的保險金做出了最終評定?

Yes / 是的  No / 沒有

If "yes," has the amount of delinquency been paid in full? / 如果 "是的", 拖欠債務金額是否付清?

Yes / 是的  No / 沒有

If "yes," provide the amount of the delinquency and the date it was paid in full. / 如果 "是的", 提供拖欠債務金額以及付清的日期。

\$ \_\_\_\_\_ Date / 日期 \_\_\_\_\_

If "no," describe the nature and amount of delinquency, and explain why it has not been paid in full.

如果 "沒有", 說明拖欠債務的性質和金額, 並且解釋為何沒有付清。

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32. Has applicant remitted the full amount of Social Security and Medicare tax contributions required by the Federal Insurance Contributions Act (FICA) to the Internal Revenue Service (IRS)?

申請人繳納了「聯邦保險納稅法」(FICA) 規定的「社會安全與醫療保健」的全部金額嗎?

Yes / 是的  No / 沒有

If "no," has applicant full paid the amount or delinquency for those unpaid contributions?

如果 "沒有", 申請人付清了這些未付金額或拖欠債務嗎?

Yes / 是的  No / 沒有

If "no," explain why the full amount of contributions was not remitted to the IRS, and why the delinquency has not been paid in full.

如果 "沒有", 解釋為何沒有全額將保險金繳納給 IRS, 為何沒有付清拖欠債務。

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Applicant hereby acknowledges that he/she/it is aware of and agrees to comply with the provisions of Labor Code Section 3700 that requires every employer to secure the payment of compensation for liability under the State's worker compensation law. Applicant hereby submits proof that the payment of compensation for liability under the State's workers' compensation law has been secured in a lawful manner./申請人特此確認，他/她/它知道並且同意遵守「勞工法」第 3700 條要求每個雇主取得州勞工工傷保險法的責任賠償付款的規定。申請人特此提供證據，已經以合法方式取得州勞工工傷保險法規定的責任賠償付款。

**Applicant understands and acknowledges that any misrepresentation, falsification, or material omission on this application or any document submitted in connection herewith is a ground for denial of this application or subsequent revocation of the registration./申請人瞭解並且確認，申請書及提交的相關文件中的任何虛假陳述，弄虛作假，或重大遺漏構成該申請被拒絕或者今後撤銷注冊的理由。**

Applicant hereby agrees to complete and submit to the IRS and IRS Form 8821, Tax Information Authorization./申請人特此同意完整填寫 IRS 8821 表決「課稅資訊授權書」並且提交 IRS。

**The undersigned hereby certify(ies) under penalty of perjury that the statements made and information provided on this application are true and correct and that the applicant is in complete compliance with the local government's business licensing and regional regulatory requirements./在作偽證受處罰的前提下，本申請簽署人特此證明本申請表中的陳述和資訊真實、正確，申請人完全遵守地方政府的營業執照和區域規章規定。**

Executed at / 簽字於 \* \_\_\_\_\_, California, this / 今天的日期是 \_\_\_\_\_ day of / 月份和年份是 \_\_\_\_\_

SIGNATURES (The individual owner or all general partners must sign. If business is a corporation or limited liability company, any authorized corporate officer or member may sign./簽字(個人業主或所有無限責任合伙人必須簽字。如果企業是公司或有限責任公司，授權的公司高級職員可以簽字)

\* If place of execution is outside California, the foregoing statements must be sworn before a notary public or other officer authorized to take oaths and affirmations. 如果是在加州以外簽署，上述聲明必須在公正員或其他授權主持宣誓或證明的官員面前發誓。

### SOCIAL SECURITY NUMBER COLLECTION / 社會安全號碼收集

The social security number will be collected pursuant to California Family Code section 17520(d) and Labor Code section 2061(a)(6). It is used in the administration of registering employer's in the car washing and polishing industry, and to aid in the collection of monies owed pursuant to a judgment or order for child or family support in a case being enforced under Title IV-D of the Social Security Act./根據「加州家庭法」第 17520(d)條和「勞工法」第 2061(a)(6)的規定，收集社會安全號碼。該號碼用於管理註冊雇主的洗車打蠟經營，並且在根據「社會安全法」第 IV-D 篇強制執行判決或撫養孩子或家人的命令時，協助收取拖欠的金錢。

**Collection of the social security number is mandatory. Failure to furnish the social security number may result in DENIAL of an application for issuance or renewal of a registration to engage in the business of car washing and polishing./社會安全號碼的收集是法定的。不提供社會安全號碼可能導致申請簽發或續期從事洗車打蠟經營的申請被拒絕。**

### INFORMATION PRACTICES ACT NOTICE (California Civil Code Section 1798.17)

#### 資訊處理法通知(加州民法第 1798.17 條)

- The information on this application is being requested by the Department of Industrial Relations, Division of Labor Standards Enforcement. 本申請書上的資訊為「工業關係部」的「勞工標準執行署」所要求。
- The state official responsible for maintaining this application, and who shall, upon written request, inform you of the location of where this application is maintained and the categories of any person who use the information contained herein is:  
下列人員負責保留這份申請表，並且根據要求通知您本申請表的存放地點及使用申請表中資訊的人的類別：  
Manager, Licensing and Registration Unit, Division of Labor Standards Enforcement  
1515 Clay Street, Suite 1902  
Oakland, CA 94612  
Telephone / 電話 : (510) 285-3502
- The information on this application is collected and maintained pursuant to California Labor Code section 2061. 本申請表的資訊根據「加州勞工法」第 2061 條收集和保存。
- With respect to the information requested on this application, all of it is either mandated by California Labor Code section 2061 or must be ascertained by the Labor Commissioner in order to issue a registration, except for the following information, which is provided voluntarily:  
關於本申請表上所要求的資訊，系「加州勞工法」第 2061 條所要求，或為「勞工委員」簽發注冊而必須確定，但下列資訊為自願提供：
  - Title of corporate officers/LLC members / 公司高級職員/LLC 成員的職務
- If you fail to provide all or any part of the information requested in this application, the Labor Commissioner may deny issuance / renewal of a registration to engage in the business of car washing and polishing./如果您沒有提供申請表規定的全部或部分資訊，「勞工委員」可能拒絕簽發/續延從事洗車打蠟經營的注冊。
- The principal purposes within the Division of Labor Standard Enforcement for which the information on this application will be used are: (1) administration of the registration program for the car washing and polishing industry, and (2) enforcement of California's labor laws. 本申請表上的資訊由「勞工標準執行署」使用，其注意用途是：(1) 管理洗車打蠟業的注冊方案，及(2) 執行加州勞工法。
- The following are known or foreseeable disclosures of the information contained herein which may be made pursuant to subdivision (e) or (f) of Section 1798.24 of the California Civil Code by the Division of Labor Standards Enforcement: Response to a request under the California Public Record Act./根據「加州民法」第 1798.24 條第(e)或(f)款的規定，已知或者可以預見「勞工標準執行署」會透露申請表的內容：回覆根據「加州公共記錄法」提出的要求。
- You have the right to access such records, please contact the Manager, Licensing and Registration Unit at the address shown in item 2 above. 您有權使用這類記錄，請按照上述第 2 條顯示的地址與「執照和注冊組」的經理聯絡。

**DO NOT WRITE BELOW THIS LINE / 不要在這條線的下面書寫**

Application Number _____ Approved: State Labor Commissioner	Registration Fee \$ _____	Annual Assessment \$ _____	Date Received	Date Posted
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<input type="checkbox"/> WCI _____ Date <input type="checkbox"/> IRS _____ Date Cleared <input type="checkbox"/> Bond <input type="checkbox"/> I.D. <input type="checkbox"/> SOS _____ Date	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> LLC Articles of Organization <input type="checkbox"/> Business License /Regional Regulatory Requirements <input type="checkbox"/> Leased Employee Agreement <input type="checkbox"/> FBN <input type="checkbox"/> Citations(s)/Judgment(s) _____ Date
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