



## JANITORIAL SERVICES REGISTRATION APPLICATION (EMPLOYERS OF PROPERTY SERVICE WORKERS)

(If additional space is needed, please attach a separate page and indicate the number of the item for which the information is being provided.)

1. Name of legal entity (employer) applying for registration	2. Fictitious business name (doing business as (dba)), if applicable	
3. Applicant's business street address (number, street, city, county, state, zip code)	4. Business Telephone number ( ) _____	
5. Applicant's mailing address, if different from business street address (e.g., P.O. Box) <span style="float: right;">Email Address _____</span>		
6. Branch locations of all Property Services facilities operated: street address (number, street, city, county, state, zip code) and the name(s) of any subcontractor(s) or franchise(s) servicing the contracts (include an additional page if needed) A) _____ B) _____ C) _____ D) _____ E) _____ F) _____ G) _____ H) _____ I) _____ J) _____	7. Telephone number(s) of branch location(s) listed in item 6 ( ) _____  ( ) _____  ( ) _____  ( ) _____  ( ) _____	
8. This is an application for  <input type="checkbox"/> New Registration  <input type="checkbox"/> Renewal Registration	9. Does your business employ one or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No, skip to number 10 Is applicant permissively self-insured against liability to pay workers' compensation claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to the above is "no," does applicant have current workers' compensation insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Carrier: _____ Address: _____ Policy No: _____ Effective date _____ Expiration date _____	10. If renewal, give previous registration number  JS - _____
11. Applicant's form of legal entity (check one): <input type="checkbox"/> Sole Proprietorship (an individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		
12. If sole proprietorship - full name, residential address and social security or taxpayer identification number of owner: Name: _____  Home Address: _____  Social Security or Taxpayer Identification Number: _____	13. Home telephone number ( ) _____	
14. If partnership - full name, residential address, and social security or taxpayer identification number of all partners Name: _____ Home Address: _____ Social Security or Taxpayer Identification Number: _____ Name: _____ Home Address: _____ Social Security or Taxpayer Identification Number: _____ Name: _____ Home Address: _____ Social Security or Taxpayer Identification Number: _____	15. Home telephone number of each person named in item 14 ( ) _____  ( ) _____  ( ) _____	

<p>16. If corporation or LLC - full name, title, residential address, and social security or taxpayer identification number of all corporate officers/LLC members</p> <p>Name and title: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>Name and title: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>Name: and title: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p>		<p>17. Home telephone number of each person named in item 16</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>18. Full name, residential address, and social security or taxpayer identification number of all persons employed by the applicant exercising management responsibility in the applicant's office, regardless of applicant's form of business entity</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p>		<p>19. Home telephone number of each person named in item 18</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>20. Full name, residential address, and social security or taxpayer identification number of all persons, except bona fide covered workers on regular salaries, who have a financial interest of 10 percent or more in applicant's business, regardless of applicant's form of business.</p> <p>A) Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>B) Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>C) Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p> <p>D) Name: _____</p> <p>Home Address: _____</p> <p>Social Security or Taxpayer Identification Number: _____</p>		<p>21. Home telephone number of each person named in item 20</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p> <p>( ) _____</p>		
<p>22. Actual percent owned by each person named in item 20.</p> <p>A) _____</p> <p>B) _____</p> <p>C) _____</p> <p>D) _____</p>	<p>23. If a corporation/LLC:</p> <p>Date of incorporation/organization: _____</p> <p>State of incorporation/organization: _____</p>	<p>24. Federal and state employer identification numbers</p> <p>FEIN: _____</p> <p>SEIN: _____</p>	<p>25. If a foreign corporation/LLC, date articles of incorporation/organization were filed with the California Secretary of State</p> <p>_____</p>	<p>26. If a corporation /LLC, is business in good standing with the California Secretary of State?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

27. Does any person named in items 12, 14, 16, 18, or 20 presently:

A. Owe an employee any unpaid wages?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have an unpaid wage and hour final judgment outstanding? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have any wage and hour liens or lawsuits pending against him/her?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Have any California Fair Employment and Housing Act claims pending against him/her?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Owe payroll taxes, personal, partnership or corporate income taxes, social security taxes or disability insurance contributions?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Have not fully satisfied the terms of any administrative settlement pursuant to the Department of Fair Employment and Housing processes or a final judicial decree for any final judgment for a violation of the California Fair Employment and Housing Act?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 governmental agency that is owed money, case/file number, a description of the type of debt, tax, lien, or lawsuit, amount owed, court where the lawsuit is pending, and a description of any payment arrangements, if any.

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28. Has a business named in items 1 or 6, or a person named in items 12, 14, 16, 18, or 20, 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?  Yes  No

If "yes", provide details below, including, name of the business/person cited, date and nature of 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.

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29. Does applicant have any final judgments against him, her, or it for unpaid wages due an employee or former employee of a janitorial services business that is required to be registered pursuant to California law that have not been fully satisfied?  Yes  No

If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date judgment became final.

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30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code?  Yes  No

If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? If "yes", has the amount of delinquency been paid in full?  Yes  No

If "yes", provide the amount of the delinquency and the date it was paid in full. \$ \_\_\_\_\_ Date \_\_\_\_\_

If "no", describe the nature and amount of delinquency.

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31. 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)?  Yes  No

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

If "no", describe the nature and amount of delinquency.

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