



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) Email Address _____		
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?..... Yes No

B. Have an unpaid wage and hour final judgment outstanding? Yes No

C. Have any wage and hour liens or lawsuits pending against him/her?..... Yes No

D. Have any California Fair Employment and Housing Act claims pending against him/her?..... Yes No

E. Owe payroll taxes, personal, partnership or corporate income taxes, social security taxes or disability insurance contributions?..... Yes 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..... Yes 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.

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.

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.

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? Yes No

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.

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.

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 compensations 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.

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 registration.

Applicant acknowledges that any material misrepresentation in connection with an initial or renewal application is subject to a civil fine of ten thousand (\$10,000) per violation.

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.

Executed at * _____, California, this _____ day of _____, 2____.

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.)

* If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations.

SOCIAL SECURITY NUMBER COLLECTION

The social security number will be collected pursuant to California Family Code section 17520(d) and Labor Code section 1429(a)(6). It is used in the administration of registering employer's in the property services 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.

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 property services.

INFORMATION PRACTICES ACT NOTICE (California Civil Code Section 1798.17)

1. The information on this application is being requested by the Department of Industrial Relations, Division of Labor Standards Enforcement.
2. 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 persons who use the information contained herein is:
 Manager, Licensing and Registration Unit
 Division of Labor Standards Enforcement,
 1515 Clay Street, Suite 1902
 Oakland, CA 94612
 Telephone: (510) 879-8333
3. The information on this application is collected and maintained pursuant to California Labor Code section 1429.
4. With respect to the information requested on this application, all of it is either mandated by California Labor Code section 1429 or must be ascertained by the Labor Commissioner in order to issue a registration, except for the following information, which is provided voluntarily:
 A) Title of corporate officers/ LLC members
5. 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 property services.
6. The principal purposes within the Division of Labor Standards Enforcement for which the information on this application will be used are: (1) administration of the registration program for the property services industry, and (2) enforcement of California's labor laws.
7. 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 Records Act.
8. You have the right to access records containing your personal information that are maintained by the Division of Labor Standards Enforcement. To make an appointment to access such records, please contact the Manager, Licensing and Registration Unit at the address shown in item 2 above.

DO NOT WRITE BELOW THIS LINE

Application Number _____	Registration Fee	Annual Assessment	Date Received	Date Posted
Approved: State Labor Commissioner _____	\$	\$		

- WCI
 FBN
 Articles of Incorporation
 LLC Articles of Organization
 I.D. Citation(s)/Judgment(s) _____
 SOS _____ Date _____
Date