## 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		
<ul> <li>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)</li> <li>A)</li> </ul>			7. Telephone number(s) of branch location(s) listed in item 6		
B)			( )		
C)					
D)			( )		
E)					
F)			( )		
G)					
H)			( )		
			( )		
J) 8. This is an application for	9. Does your business employ one or more employees Is applicant permissively self-insured against liability		10. If renewal, give previous registration number		
□ New Registration	$\square$ Yes $\square$ No	to pay workers' compensation claims.	JS -		
□ Renewal Registration	If the answer to the above is "no," does applicant have current workers' compensation insurance				
	Name of Carrier:Address:				
	Policy No:	ion date			
11. Applicant's form of legal er					
□ Sole Proprietorship (an in	, <b>1</b>				
12. If sole proprietorship - full na Name:	me, residential address and social security or taxpayer i	identification number of owner:	13. Home telephone number		
Home Address:			( )		
Social Security or Taxpayer Ider	ntification Number:				
14. If partnership - full name, re-	sidential address, and social security or taxpayer identified	cation number of all partners	15. Home telephone number		
Name:			of each person named in item 14		
Home Address:			( )		
Social Security or Taxpayer Identification Number:					
Name:					
Home Address:			( )		
Name:					
Home Address:	( )				
Social Security or Taxpayer Iden					

16. If corporation or LLC - full name, title, residential address, and social security or taxpayer identification number of all corporate officers/LLC members					ome telephone number ch person named in item
officers/LLC members				16	in person named in term
Social Security or Taxpayer Identificat	tion Number:			(	)
Home Address:					
Social Security or Taxpayer Identification	ion Number:			(	)
Name: and title:					
Home Address:					
Social Security or Taxpayer Identification	ion Number:			(	)
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				ome telephone number ch person named in item	
Name:				18	
Social Security or Taxpayer Identificat	ion Number:				
Name:				(	)
Home Address:				(	)
Social Security or Taxpayer Identificat	ion Number:				
Name:				(	)
Home Address:				ľ	)
Social Security or Taxpayer Identificat	ion Number:				
Name:				(	)
Home Address:				Ì	)
Social Security or Taxpayer Identificat	ion Number:				
				(	)
	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
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.					ome telephone number ch person named in item
A) Name:					
Home Address:					
	ication Number:			(	)
B)Name:					
Home Address:					
Social Security or Taxpayer Identific	Social Security or Taxpayer Identification Number:			(	)
, ·					
	ation Number:			(	)
D) Name: Home Address:					
Social Security or Taxpayer Identification Number:			(	)	
				Ì	/
22. Actual percent owned by each person named in item 20.	23. If a corporation/LLC:	24. Federal and state employer identification	25. If a foreign	las of	26. If a corporation /LLC, is business in
A)	Date of incorporation/organization:	numbers	incorporation/organization were good standing		good standing with the
B)		FEIN:	filed with the California Secretary of State		California Secretary of State?
C)	State of incorporation/organization:				□ Yes
D)		SEIN:		—	□ No
D)	1			1	

<ul> <li>27. Does any person named in items 12, 14, 16, 18, or 20 presently:</li> <li>A. Owe an employee any unpaid wages?</li> <li>B. Have an unpaid wage and hour final judgment outstanding?</li> <li>C. Have any wage and hour liens or lawsuits pending against him/her?</li> </ul>		
B. Have an unpaid wage and hour final judgment outstanding?	<b>D</b> Yes	🛛 No
C. Have any wage and hour liens or lawsuits pending against him/her?	🛛 Yes	🗖 No
		D No
<ul><li>D. Have any California Fair Employment and Housing Act claims pending against him/her?</li><li>E. Owe payroll taxes, personal, partnership or corporate income taxes, social security taxes or disability insurance contributions?</li></ul>		□ No □ No
F. Have not fully satisfied the terms of any administrative settlement pursuant to the Department of Fair Employment and Housing processes judicial decree for any final judgment for a violation of the California Fair Employment and Housing Act?		D No
If "yes" to any of the above, provide details below, including name, address and telephone number of the employee(s), judgment c lienholder(s), other party(ies) to the lawsuit, and/or governmental agency that is owed money, case/file number, a description of th lien, or lawsuit, amount owed, court where the lawsuit is pending, and a description of any payment arrangements, if any.		ebt, tax,
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 viola California Labor Code, or an order of the Industrial Welfare Commission regulating wages, hours and working conditions?	ting a provis	sion of the
If "yes", provide details below, including, name of the business/person cited, date and nature of citation, amount of penalties assessed for disposition of the citation, if any. Describe any appeal filed contesting the citation, and the outcome. If the citation was not appealed, or upheld, indicate whether or not the penalty assessment was paid, and if so, the date on which it was paid.		
If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date became final.	judgment	
30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code? 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? If "yes", provide the amount of the delinquency and the date it was paid in full. S Date		No Tes 🗖 N
If "no", describe the nature and amount of delinquency.		
	butions Act	(FICA) to
31. Has applicant remitted the full amount of Social Security and Medicare tax contributions required by the Federal Insurance Contri the Internal Revenue Service (IRS)?  Yes  No		

32. Has the applicant provided the sexual violence and harassment prevention training required by Labor Code section 1429.5? Yes No
If "No", please indicate whether you provided a sexual violence and harassment prevention training to your employees within the last two years of submitting this application.
If "Yes", did the applicant provide the training or was the training provided by another entity? 🗖 Applicant provided the training 📮 Another entity provided the training
If the training required by Labor Code section 1429.5 was provided by another entity, please provide the name of the other janitorial employer or entity that provided the training.
Date(s) the training required by Labor Code section 1429.5 took place:
33. If the applicant answered "Yes" to question number 32, was a peer trainer used to provide the training required by Labor Code section 1429.5 to nonsupervisory covered workers?
If "Yes", please identify the name of the qualified organization that provided the peer trainer.
If a peer trainer did not provide the training as required, please provide an explanation as to why a peer trainer was not used to provide the training.

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 \*

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. SOS Date	Citation(s)/Judgment(s) Date				