



CITY OF DOWNEY

BUSINESS REGISTRATION APPLICATION

FINANCE DEPARTMENT
 11111 Brookshire Avenue
 Post Office Box 7016 • Downey, CA 90241
 TEL (562) 904-7249 • FAX (562) 904-7270
 www.downeyca.org

GENERAL INFORMATION							
Business Name (DBA)							
Business Address							
City	State	Zip	Area Code/Telephone				
Mailing Address							
City	State	Zip	Area Code/Telephone				
Description of Business (Be specific)							
Home Occupation Yes <input type="checkbox"/> No <input type="checkbox"/>							
Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.P. <input type="checkbox"/> L.L.C. <input type="checkbox"/>							
Downey Start Date		Federal Tax ID No.		Sales Tax (Seller's Permit) No.			
Business E-Mail							
Does your business have a California State License? Yes <input type="checkbox"/> No <input type="checkbox"/>		State License Number	Classification(s) / Type	Expiration Date			
Owner's Name (If corporation, use corporate name. If partnership-principal)							
Residence Address (If different)				Area Code/Telephone			
Driver's License No.	State	Expiration Date	Social Security No.				
List of Principal Officer's or Partner's Names and Addresses			Title	Area Code/Telephone			
			Title	Area Code/Telephone			
BUSINESS OPERATIONS INFORMATION							
RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION			GENERAL/PROFESSIONAL SERVICES INFORMATION				
Does your business sell to the general public? (Y/N) <input type="checkbox"/>			Does your business provide a professional service? (Y/N) <input type="checkbox"/>				
Is your business wholesale? (Y/N) <input type="checkbox"/>			How many employees does your business have working in Downey? Non-professional? _____ Professional? _____				
Is your business manufacturing? (Y/N) <input type="checkbox"/>			Does your business offer massage? (Y/N) <input type="checkbox"/>				
Is your business automobile sales? (Y/N) <input type="checkbox"/>			Do you operate an ambulance or non-emergency transport business? (Y/N) <input type="checkbox"/>				
Do you operate a food cart/pushcart? (Y/N) <input type="checkbox"/>							
If yes, where do you operate? _____							
Do you plan to sell alcoholic beverages? (Y/N) <input type="checkbox"/>							
If yes, ABC License Type _____							
Does your business have amusement machines, video games, vending machines and/or pool tables? (Y/N) <input type="checkbox"/>			NEW OR RENEWAL OF BUSINESS TAX CERTIFICATE 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.				
How many: _____ Type: _____							
What is your first year estimated gross receipts? \$ _____							
ACKNOWLEDGEMENT							
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 (Typing your name here constitutes your digital signature)		DATE	PRINT NAME/TITLE				
PLANNING APPROVALS							
Date	Signature		Zone	Use			
FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE							
Account Number	Location	Type	Rate	Expiration Date	Received By	Source	Date Received
Details/Remarks							

COMPLETE THE QUESTIONNAIRE ON THE FOLLOWING PAGE IF YOUR BUSINESS IS LOCATED WITHIN THE CITY OF DOWNEY.