



CITY OF STANTON

APPLICATION FOR A BUSINESS CERTIFICATE

7800 Katella Ave., Stanton, CA 90680
(714) 890-4200 • Fax (714) 890-1443 • Website www.ci.stanton.ca.us

Business Name _____

Business Owner _____

Business Address
(#, Street, City, State, Zip Code) _____

Mailing Address
(If different from Business Address) _____

Business Phone _____ Home Phone _____

Fax _____ Email _____

Service of Process Address
(If different from Business Mailing Address) _____

Home Address
(#, Street, City, State, Zip Code) _____

Ownership Type ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____

If Corporation, List Officers and Titles _____

Federal/State Employer ID No. _____ State Sales Tax No. _____

State License No. _____ Class _____

Owner's Drivers License No. _____ SSN/TIN _____

Opening Date at This Location _____ SSN/TIN (Partnership) _____

☐ New Business ☐ New Owner (List Previous Owner) _____

☐ Business Name Change (List Previous Name) _____

☐ Address Change (List Previous Address) _____

☐ Legal Status Change _____ ☐ Other _____

I declare under the penalties of perjury that this application and any attachments thereto, have been examined by me and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

☐ Under penalty of perjury, I declare that this business entity or ownership has not been convicted of any criminal offense which directly relates to the operation of the same type of business as desired in Stanton. I understand any violation in the last three years shall be grounds for denial or revocation.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Bus. No.		Chair(s)		Employee(s)				B/L Fee	\$40 or \$60
Lic. Type		Bus. Type		AB-1379	\$4	IFC Fee		App. Review	\$110
Additional Approval by				Home Occ.			Other		
Remarks							Total:		

Copy of

- ☐ Fict. Business Statement (DBA)
- ☐ Sellers Permit
- ☐ Articles of _____
- ☐ Statement of Info
- ☐ Medical License
- ☐ Authorization Letter (Notarized)
- ☐ Other _____

INVESTIGATION FOR COMPLIANCE

CUP? _____ Zoning _____ Comments _____

Planning Approval _____ Date _____ ☐ FOG Approval (if applicable) _____ Date _____

☐ Hold for Tenant Improvements ☐ Building Approval (if applicable) _____ Date _____

BUSINESS NARRATIVE – Provide a fully detailed description



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

WORKERS' COMPENSATION DECLARATION

The State of California passed AB 3251 in September 1992, with an effective date of January 1, 1993. The bill requires every employer who applies for or RENEWS a business license must provide proof of valid workers' compensation insurance or proof of compliance with self-insurance provisions.

Please complete the form below and return it with your license forms and payment. Your cooperation is appreciated. If you have any questions, please contact the Labor and Workforce Development Agency at (916) 653-9900.

AB 3251 SEC. 2 SECTION 371.1 of the Labor Code is amended to read:

371.1 (a) Every employer who applies for any license or for renewal of any license for a business issued to pursuant to Section 37101 of the Government Code or Section 7284 of the Revenue and Taxation Code shall complete and sign a declaration that states the following:

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

☐

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which the license is issued.

☐

I have and will maintain workers' compensation insurance, as required by Section 3700 for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____ Expiration Date _____

☐

I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Applicant Signature _____ Date _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIC FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES, INTEREST AND ATTORNEY'S FEES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.

Business Name _____

Business Owner _____ Phone _____

Business Address _____