



**MINORS' DOOR-TO-DOOR SALES
EMPLOYER, TRANSPORTER & SUPERVISOR APPLICATION FOR REGISTRATION**
(LC 1308.2) (LC 1308.3)

IMPORTANT INSTRUCTIONS: Read the questions carefully and follow the enclosed instructions. Submit this application with the required fees to Division of Labor Standards Enforcement, Licensing Unit, P.O. Box 420603, San Francisco, CA 94142. Fees shall be payable to the Division of Labor Standards Enforcement by certified check, cashier's check or money order.

*Please type or print clearly, in ink, all requested information. If additional space is needed to answer any question on the application, continue the answer on a separate sheet and indicate the item #.

I am completing this application as: **Employer** **Transporter/Supervisor** **Both**

1. (a) Name(s) of individual or of legal entity applying for registration	2. Doing Business As (DBA) Name(s)
1. (b) State Employment Tax (SEIN) No. _____	3. This application is New ___ Renewal If renewal, give previous Registration No. _____
1. (c) Internal Revenue Service (EIN) No. _____	
4. Main Office Address (Number, Street, City, State, Zip Code) (Do not use a P.O. Box Address)	5. (a) Area Code & Telephone No. 5. (b) E-mail Address: 5. (c) Fax No. _____
6. Branch Location Address(es) (Number, Street, City, State, Zip Code) (Do not use a P.O. Box Address)	7. Area Code(s) & Telephone No(s).
8. If applying as transporter/supervisor, name and address of your employer (Do not use a P.O. Box Address)	
9. The applicant business will be operated as (Check One): ___ Individual ___ Partnership ___ Corporation ___ Limited Liability Co. ___ Other _____ (Specify)	10. Birthdate (See instructions).
11. Enclose a copy of the filed Statement by Domestic Stock Corporation, and, if a foreign corporation, a copy of the filed Certificate of Qualification.	
12. (a) Name and address of organization from which the items to be sold are purchased (Do not use a P.O. Box Address)	12. (b) Area Code & Telephone No. 12. (c) State Employment Tax (SEIN) No. 12. (d) Internal Revenue Service (EIN) No.

SHADED AREA FOR OFFICE USE ONLY			
___ VI ___ F/C ___ A/C	Date Received	Date Approved	Approved by
___ P/S ___ WCI ___ CON	Reviewed by	Effective Date	Expiration Date
___ REGS ___ ENTITY ___ BRO			
Amount Received \$ _____	Registration No. _____		

13. In the space below, provide the following information:

Full Name	Residence Address & Telephone No. (Do not use a P.O. Box Address)	Social Security #	Percentage of interest	Driver's License No. & Issuing State		
(a). Individual						
				()		
(b). Partnership (List each partner)						
			____ %	()		
			____ %	()		
			____ %	()		
(c). Limited Liability Company (List each member. Include only those having financial interest of 25% or more.)						
			____ %	()		
			____ %	()		
			____ %	()		
(d). Corporation (List each officer and corporate title. Include only those having financial interest of 25% or more.)						
			____ %	()		
			____ %	()		
			____ %	()		
(e). Persons with profit sharing interest in the business (Exclude bona fide employees on stated salaries. Include only those having financial interest of 25% or more.)						
			____ %	()		
			____ %	()		
			____ %	()		
(f.) Persons with responsibility and authority to manage the business (List title)						
<p>14. Name, Social Security number and residence address of each person who will be engaged by you to accompany, supervise, recruit, solicit, hire, furnish, transport, or otherwise direct the activity of the minor. Include the name of each person listed in Item #13 whom you wish to have authorized to perform these activities.</p> <table border="0"> <tr> <td> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> </td> <td> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> </td> </tr> </table>					<p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p>	<p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p>
<p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p>	<p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p> <p>_____ Name and Social Security No.</p> <p>_____ Residence Address (Number, Street - Do not use P.O. Box Address)</p> <p>_____ (City, State, Zip Code)</p>					
<p>15. Include two (2) original fingerprint cards, [form BID-7 (5/90)] for each person listed in Items #13 and #14. (Not required for renewals if previously submitted.)</p>						
<p>16. Include a copy of a valid and current Certificate of Workers' Compensation Insurance.</p>						
<p>17. Include a copy of any written contract or other written agreement to be offered by the applicant to the minor employed or used by the applicant in door-to-door sales.</p>						

18. **Include** a copy of door-to-door sales regulations in Subchapter 1 of Chapter 6 of Title 8 of the California Code of Regulations, signed by the applicant and each person listed in Items #13 or #14 (who does not already hold a valid and current Transporter or Supervisor registration), indicating that such person has read and understood these regulations. These regulations are included in the information packet accompanying the registration materials, and this shall satisfy the statutory requirement that the applicant describe the methods and levels of adult supervision to be provided in the door-to-door sales operation.

19. Describe the merchandise (including brand names) to be sold or distributed, and how it will be represented to the public. **Include** each promotional brochure and circular if used as part of presentation.

20. Describe how your door-to-door sales operation(s) will be represented to the public and to minors you plan to recruit. **Include** each brochure and circular to be used, including those used for worker recruitment.

21. **Enclose** a copy of the promotional statement(s) you expect the minor to deliver.

22. If applicant business does not have a permanent and fixed place of business or residence in California, post security for wages with the Division as required by Labor Code §270.6, which is included in the information packet.

23. How will the minor be paid? Daily Weekly Other (Explain)

24. Do you intend to transport or provide transportation for the minor(s)?..... Yes No

25. State the largest number of minors you plan to transport in one vehicle on any one trip.

26. If yes to Item #24, provide the information requested below for each vehicle.

V e h i c l e #1	Name and address of owner	Make, Model, Year	Vehicle License No.
		Passenger Capacity	
V e h i c l e #2	Name and address of owner	Make, Model, Year	Vehicle License No.
		Passenger Capacity	
V e h i c l e #3	Name and address of owner	Make, Model, Year	Vehicle License No.
		Passenger Capacity	

27. **Enclose** a copy of the Certificate of Vehicle Liability Insurance for each vehicle.

28. Have you conducted the door-to-door sales operation under any other name?..... Yes No

29. If yes to Item #28, describe the type of business and provide the name and address of the business and dates of operation.

30. Do you , or any person named in Item #13 presently

(a) Owe any unpaid wages?..... Yes No

(b) Have any judgments outstanding?..... Yes No

(c) Have any liens or suits pending in court against them? Yes No

(d) Owe any delinquent payroll taxes, personal or business taxes, Social Security taxes, or disability insurance?..... Yes No

31. If yes to any question in Item #30, indicate details below. Include the name of the person, the type of debt, and the amount owed.

32. Have you or has any person in Items #13 or #14 **ever** plead guilty or nolo contendere to or been convicted* of a crime, either a misdemeanor or felony?..... Yes No

(*The term convicted includes suspended sentences, grants of probation, and expungements of proceeding under California Penal Code Sections 1203.4, et seq.)

33. If yes to Item #32, indicate the date, place, and circumstances below. **Include** disposition for each conviction and proof of completion of any program required by the court. Continue on a separate sheet if necessary.

34. Have you or person(s) listed in Items #13 or #14 ever had any license or permit issued by any agency of the state of California suspended, revoked, denied, or have you (they) received any disciplinary action of any nature in connection with the holding of any such license or permit?..... Yes No

35. If yes, to Item #34, indicate the type of license or permit, date, place and circumstances below.

36. List two references for each applicant named in Items #13 or #14. (A person listed as a reference must be a resident of California, at least eighteen years of age, who has known the applicant for at least one year and is not a relative of the applicant.) Use additional paper if necessary.

Name of Reference _____ Reference for (Applicant's Name) _____

Address (Number, Street, City, State, Zip Code. Do not use a P.O. Box address) _____

Area Code and Telephone Number _____

Name of Reference _____ Reference for (Applicant's Name) _____

Address (Number, Street, City, State, Zip Code. Do not use a P.O. Box address) _____

Area Code and Telephone Number _____

I am /We are aware of and agree to comply with Labor Code Section 3700 which requires every employer to have workers' compensation coverage.

I/We agree to employ or use minors engaged in door-to-door sales in compliance with the provisions of the California Labor Code and the California Code of Regulations.

I/We agree that if transportation is provided, each vehicle is safe and carries liability coverage as required by law.

I understand that I must carry the proof of Registration issued by the Labor Commissioner with me at all times and that failure to do so is a misdemeanor.

I certify that all information contained in this application and all accompanying documents is true and correct.

I hereby certify under penalty of perjury under the laws of California that the foregoing is true and correct. I am aware that **ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION.**

Executed at* _____, California, this _____ day of _____ 19_____

SIGNATURES (The individual owner or a partner MUST SIGN. If business is a corporation, any authorized corporate officer may sign. He or she must also indicate his or her corporate title. If business is a limited liability company, a member MUST SIGN. Any person listed in Item #13 whom you wish to have authorized to perform duties as a transporter or supervisor MUST 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.

IMPORTANT NOTICE

Your application will be rejected and returned to you if you fail to comply with all the requirements contained in this application. **MAKE CERTAIN that you have:**

- **Included** each document required in Items #11, 15, 16, 17, 18, 19, 20, 21, 22, 27, and 33 of this application, properly executed.
- **Included** all necessary supplemental information for which there was insufficient space on the application and **indicated** the Item # to which each piece of supplemental information applies.
- **Completed** each and every question on the application.
- **Signed** the application, **including** the signature of each person listed in Item #14 whom you wish to have authorized to perform the duties of a transporter or supervisor.

PRIVACY ACT NOTICE

We ask for the information on the "Minors' Door-to-Door Sales: Employer, Transporter & Supervisor Application for Registration" [form DLSE 453 (New 12/96)] for the review of licensing qualifications and to determine fitness for licensing. The disclosure of your social security number (SSN) is mandated by Labor Code Sections 1308.2 and 1308.3. The only purpose of this disclosure is to enable us to properly identify individual applicants when accessing law enforcement records.