



APPLICATION FOR LICENSE - GENERAL INFORMATION

Keep this page for your records. Do not submit this page with your application for licensure.

Business and Professions Code (BPC) section 19049 provides that it shall be unlawful for any person to engage in a business regulated by the Home Furnishings and Thermal Insulation Act (Act) unless, at the time of doing so, he or she holds a valid unexpired license to engage in that business. To obtain a license, an applicant shall submit a completed application with an original signature (see the following page for a list of license types for which this application should be used). Application shall be made on the following "Application for License" form and shall be submitted to the Bureau of Household Goods and Services (Bureau) Licensing Unit, along with the appropriate fee (BPC section 19050). The Act applies to upholstered furniture, bedding, and filling material sold or offered for sale in California regardless of the point of origin (BPC section 19070). For definitions of these terms, see the following page.

Applications and fees sent by overnight courier must be delivered to 4244 S. Market Court, Suite D, Sacramento, CA 95834.

It is mandatory that you complete this application and include all information that pertains to you and your business. Failure to provide any of the required information may result in a delay of the application process and is grounds for rejection of the application as being incomplete. The information provided on this form will be used to determine qualification for licensure as provided by the Act. Collection of this information is authorized by BPC sections 30, 31, 114.5, 115.5, 480, 19049, 19050, and the Information Practices Act (Civil Code section 1798, et seq.). The Bureau makes every effort to protect the personal information you provide us; however, personal information may be disclosed in the following circumstances: In response to a Public Records Act request, to another government agency as required or permitted by state or federal law, or in response to a court or administrative order, a subpoena, or a search warrant.

You have a right to access records containing your personal information maintained by the Department of Consumer Affairs to the extent permitted by law. Each individual may obtain their records by contacting the Public Records Request Coordinator at the following address and telephone number: 4244 South Market Court, Suite D, Sacramento, CA 95834 or (916) 999-2041.

Every person who is subject to licensure shall obtain a separate license for each business location. Anyone whose manufacturing plant is located in another state or foreign country, and who is licensed to manufacture upholstered furniture or bedding or filling material for sale in California, may have one wholesale outlet operated under the same name in California, covered by the license and issued to the factory (BPC section 19060).

Every person who, on his or her own account, sells either directly or indirectly to any person either at wholesale or retail any merchandise subject to the Act by means of a car, catalog, office or in any other manner, shall obtain the proper license for each method of sale or distribution (BPC section 19060.5).

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory for all sole proprietors and partners of domestically based companies. Federal Employer Identification Number (FEIN) is mandatory for partnerships. Collecting your SSN, ITIN, and FEIN is required by BPC sections 30 and 31, and Public Law 94-455 (42 USCA 405(c)(2)(C)). SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, compliance with any judgment or order for family support in accordance with Family Code section 17520, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, and investigation of tax evasion and violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329. If you fail to disclose your SSN, ITIN, or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you per Revenue and Tax Code section 19528.

NOTICE: Effective July 1, 2012, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board may share taxpayer information with the Bureau pursuant to BPC section 31, subdivision (e). You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

BUSINESS WITH MULTIPLE LOCATIONS

If your business has seven (7) or more locations, you may establish your licenses as a chain. All locations in a chain have the same license expiration date. Licenses, renewal notices, renewal invoices and correspondence are mailed to one address of the chain's designation. No fee is required for the chain application; however, license fees are required for each location in the chain. To establish your businesses as a chain, please contact the Bureau's Licensing Unit at (916) 999-2041.

If you have difficulty accessing any material on this application because of a disability, please contact us in writing or via telephone at the number or e-mail address listed at the top of the application and we will assist in making this information available to you.

Use this application form to apply for the following license types*:

LICENSE TYPE:	DESCRIPTION:
Furniture and Bedding Manufacturer	Manufactures, upholsters, reupholsters, sanitizes, wholesales, retails and supplies filling material and fabrics for upholstered furniture and/or bedding products.
Furniture and Bedding Wholesaler	Wholesales (for the purpose of resale) or retails upholstered furniture and/or bedding products.
Furniture and Bedding Retailer	Retails both furniture and bedding products.
Furniture Retailer	Unless he/she holds one of the combination licenses above, a furniture retailer shall hold a Furniture Retailer's license to retail furniture products.
Bedding Retailer	Unless he/she holds one of the combination licenses above, a bedding retailer shall hold a Bedding Retailer's license to retail bedding products.
Sanitizer	Sanitizes bedding products, or filling materials. Every sanitizer, unless he or she holds a license as a furniture and bedding manufacturer, retail furniture and bedding dealer, retail bedding dealer, or a custom upholsterer, shall hold a sanitizer's license.
Supply Dealer	Supplies fabrics and filling material, concealed or not concealed, to be used or that could be used in or on upholstered furniture and/or bedding products.
Custom Upholsterer	Unless he/she holds a Furniture and Bedding Manufacturer's license, a custom upholsterer shall hold a Custom Upholsterer's license to repair, reupholster, re-cover, restore or renew upholstered furniture and retail articles of furniture.

*Applicants for an Importer's license are required to complete the Application for Importer's License.

TERM:	DEFINITION:
Upholstered Furniture (Section 19006)	Any furniture, including children's furniture, movable or stationary, which is made or sold with cushions or pillows, loose or attached, or is itself stuffed or filled in whole or in part with any material, is or can be stuffed or filled in whole or in part with any substance or material, hidden or concealed by fabric or any other covering, including cushions or pillows belonging to or forming a part thereof, together with the structural units, the filling material and its container and its covering which can be used as a support for the body of a human being, or his or her limbs and feet when sitting or resting in an upright or reclining position. This does not include furniture used exclusively for the purpose of physical fitness and exercise.
Bedding (Section 19007)	Any quilted pad, packing pad, mattress pad, hammock pad, mattress, comforter, quilt, sleeping bag, box springs, studio couch, pillow or cushion made of leather, cloth or any other material, which is or can be stuffed or filled in whole or in part with any concealed substance or material, which can be used by any human being for sleeping or reclining purposes.
Filling Material (Section 19007.5)	Cotton, wool, polyurethane foam, polystyrene beads, kapok, feathers, down, hair, liquid, or any other material, substance, or any combination thereof, loose or in batting, pads, or any other prefabricated form, concealed or not concealed to be used or that could be used in articles of bedding or upholstered furniture.
Registry Number (Title 4, CCR Section 1109)	The location of every manufacturer, custom upholsterer, sanitizer, supply dealer or importer who manufactures shall bear a separate registry number. The registry number uniquely identifies each location (branch) of a licensed manufacturer, custom upholsterer, sanitizer, supply dealer, or importer. No registry number shall be issued or recognized without the required license fee. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials. Every registry number issued by the Bureau shall be exclusively for the person to whom it is issued, and the number shall not hereafter be reissued to, or used by, any other person.



APPLICATION FOR LICENSE HOME FURNISHINGS (GENERAL)

- **DO NOT SEND CASH.** Check or money orders must be from a US bank in US currency.
- To avoid delays in processing your license, an **original** signature is required.
- Licenses are issued for a 2-year period.

Please check the box that indicates the type of license you are applying for:

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> (MFG) Furniture & Bedding Manufacturer, \$750 | <input type="checkbox"/> (A) Furniture Retailer, \$140 |
| <input type="checkbox"/> (WHL) Furniture & Bedding Wholesaler, \$625 | <input type="checkbox"/> (H) Bedding Retailer, \$140 |
| <input type="checkbox"/> (M) Furniture & Bedding Retailer, \$280 | <input type="checkbox"/> (B) Custom Upholsterer, \$420 |
| <input type="checkbox"/> (L) Sanitizer, \$420 | <input type="checkbox"/> (E) Supply Dealer, \$625 |

For Department Use Only
Receipt #:
Fee:
File I.D. #:
Class or Type:
License #:
Registry #:

SECTION 1: Applicant Information – Please print clearly or type.

1) Name of Business (DBA - as shown on invoices and advertisements):			
2) Address of Business (Address of Record):			
3) Mailing Address (if Different from Address of Record):			
4) Area Code and Phone Number:	Area Code and Fax Number:	Web Site Address (URL):	
5) Corporate Name or Parent Company:			
6) Corporate Headquarters Address:			
7) Contact Person:	Phone:	Email:	
8) Have you or your firm ever held a license issued by the Bureau? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License #:		Expiration Date:	
9) SOLE PROPRIETORSHIP/PARTNERSHIP: Print owner's and each partner's name, residence address, date of birth, and Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). If a partnership, also list the Federal Employer Identification Number (FEIN). (Attach additional sheets if necessary.)			
Name:		Area Code and Telephone Number:	
Residence Address:			
City:		State:	Zip Code:
Country:			
SSN/ITIN:		FEIN (if partnership):	Date of Birth:
10) CORPORATION/LLC: Print names, titles and addresses of officers. (Attach additional sheets if necessary.)			
(1) Name:	Title or Position:	Date of Birth:	(2) Name:
Address:		Address:	
City:	State:	Zip Code:	Country:
City:	State:	Zip Code:	Country:

11)(a) Are any of the applicants listed in questions 9 or 10 (owners, general partners, or corporate officers) currently serving, or previously served, in the US military? Yes No

If you answered Yes, please provide the following documentation:

- **Evidence of your current military duty (copy of your military orders) OR**
- **Your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).**

11)(b) Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders? Yes No

If you answered Yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current Leave and Earnings Statements or military order establishing duty station in California.

12) Business and Professions Code section 135.4 provides that the Bureau of Household Goods and Services must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Yes No

If you answered Yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

13) Have any of the applicants or persons listed in questions 9 or 10 had any state license, certificate, or registration revoked, suspended, denied, or otherwise been the subject of disciplinary action by the Bureau or any other state agency?

Yes No

If you answered Yes, give the particulars of the state agency's action, including the name of the agency and date and type of action taken, e.g. denial/revocation (attach additional sheets if necessary). **Applications will not be processed if this section is not answered.**

14) For all principals listed in questions 9 and 10, have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? **This includes every citation, infraction, misdemeanor, and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), which are two years or older, should not be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the California Penal Code or equivalent non-California law MUST be disclosed.**

Yes No

If you answered Yes, give the particulars of each, including penal code numbers or criminal case numbers, and county of conviction or foreign country. **Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, 1203.41, or 1203.42, submit a certified copy of the court order dismissing the conviction(s) with your application** (attach additional sheets if necessary).

15) Do you plan to use the registry number of another state? Yes No (If you answered Yes, please attach a copy of your valid license from the other state).

SECTION 2: Please check all products below that you will be licensed to manufacture, wholesale, supply, retail, or sanitize under the Home Furnishings and Thermal Insulation Act.

Manufacturer:

<input type="checkbox"/> Upholstered Chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Other
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding	

Wholesaler:

<input type="checkbox"/> Upholstered Chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Catalog/Internet Sales
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding	<input type="checkbox"/> Other _____

Supply Dealer:

<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Cotton Batting	<input type="checkbox"/> Synthetic Batting	<input type="checkbox"/> Loose Fill	<input type="checkbox"/> Fabric
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Retailer:

<input type="checkbox"/> Upholstered Chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Children's Furniture & Bedding	<input type="checkbox"/> Stacking Chairs
<input type="checkbox"/> Catalog/Internet Sales	<input type="checkbox"/> Other _____		

Sanitizer:	Custom Upholsterers:
<input type="checkbox"/> Dry Heat	<input type="checkbox"/> Custom Upholstery
<input type="checkbox"/> Chemical Disinfectant	

SECTION 3: Certification

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. Additionally, I acknowledge that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Household Goods and Services.

Sole Proprietor or Partnership:	Corporation or LLC:
<ul style="list-style-type: none"> • An application for a Sole Proprietor MUST BE signed by the applicant. • An application for a Partnership MUST BE signed by ALL partners. 	<ul style="list-style-type: none"> • An application for a Corporation or LLC MUST BE signed by at least one principal AND the responsible managing employee.

Signature _____	Title _____	Signature _____	Title _____
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Print Name _____	Date _____	Print Name _____	Date _____
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Signature _____	Title _____	Signature _____	Title _____
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Print Name _____	Date _____	Print Name _____	Date _____
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