



**Bureau of Electronic and Appliance Repair,
Home Furnishings and Thermal Insulation**
4244 South Market Court, Suite D, Sacramento, CA 95834-1243
P (916) 999-2041 F (916) 921-7279 www.bearhfti.ca.gov



APPLICATION FOR IMPORTER'S LICENSE

Importer: Means a person who manufactures or wholesales, through employees or agents, any article of upholstered furniture, bedding, or filling material manufactured outside of the United States for the purpose of sale or resale in California (Home Furnishings and Thermal Insulation Act, Article 3, Section 19011.1). **It shall be unlawful for any person to engage in a business regulated by the Home Furnishings Act unless, at the time of doing so, he/she holds a valid, unexpired license to engage in such business** (Home Furnishings and Thermal Insulation Act, Article 3, Section 19049).

Applications and Fees sent by courier must be sent to: 1625 North Market Blvd., Ste S-100, Sacramento, CA 95834. To obtain an Importer license, an applicant shall submit this application **along with the appropriate fee** to the Bureau's Licensing Division. You must complete all information on both sides of the application that applies to your business. Each license is issued for a two-year period. Make check or money order for \$650.00 payable to BHFTI. Checks or money orders must be from a United States bank in United States currency. Do Not Send Cash. Mail completed application form and fees to the above address. **Wire transfers will not be accepted.**

An original signature is required to process the application. Please type or print your information. **It is mandatory that you complete this application with all information that pertains to your business.** Omission of any item of requested information will result in a delay of the application process and issuance of a license. The information on this application is required pursuant to California Business and Professions Code sections 19049 and 19050. The information provided will be used to determine qualifications for licensure as provided by Chapter 3 of Division 8 of the Business and Professions Code. The collection of this information is authorized by the Business and Professions Code Section 30 and the Information Practices Act. Personal information may be disclosed in the following circumstances: a Public Records Act request as allowed by the Information Practices Act (Civil Code Section 1798 and following), another government agency as required by law, or in support to a court or administrative order.

You have a right of access to records containing personal information about you maintained by the Department of Consumer Affairs, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of their records by contacting the Public Records Request Coordinator at the following address and telephone number P.O. Box 980580, West Sacramento, CA 95798-0580 or (916) 999-2041.

Registry Number. The location of every manufacturer or importer who manufactures shall bear a separate registry number. A registry number uniquely identifies each location (branch house) of a licensed manufacturer, importer. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials.

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 in the same name in California, covered by the license issued to the factory (Section 19060).

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 also mandatory for partnerships of domestically based companies. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your SSN. Your SSN, ITIN, or FEIN will be used exclusively for tax enforcement purposes, for the purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose the required identification number(s), 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 Section 19528 of the Revenue and Tax Code.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Keep this page for your reference. Do not mail with your application

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 work with you to make the information available.



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APPLICATION FOR IMPORTER LICENSE - \$650

- ◆ To obtain an Importer license, an applicant shall submit this *Application for Importer License* along with the appropriate fee to the Bureau's Licensing Division.
- ◆ Each license is issued for a two-year period.
- ◆ Make check or money order for \$650.00 payable to BHFTI. Checks or money orders must be from a United States bank in United States currency. Do Not Send Cash.
- ◆ Wire transfers will not be accepted.
- ◆ Please type or print your information. An original signature is required to process the application.

Omission of any item of requested information will delay the issuance of a license.

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

SECTION 1: Applicant Information						
1. Name of Business (DBA)						
2. Address of Business (Address of Record)						Country
3. Mailing Address (If Different from Address of Record)						Country
4. Area Code & Phone Number () -		Area Code & Fax Number () -		Web Site Address (URL)		
5. Corporate Name or Parent Company						
6. Corporate Headquarters Address						Country
7. Contact Person				Email		
8). Have you or your firm ever held a license issued by the BHFTI? Yes <input type="checkbox"/> No <input type="checkbox"/>						
License #:			Expiration Date:			
9. <input type="checkbox"/> SOLE PROPRIETOR/PARTNERSHIP: Print owner's and each partner's name, residence address, date of birth, and social security number(s) (SSN) or Individual Taxpayer Identification Number (ITIN). If a partnership, also list FEIN. (Attach additional sheets if necessary.)						
(1)Name:				Area Code & Telephone Number () -		
Residence Address: Number and Street						
City		State		Zip Code		Country
SSN / ITIN:			FEIN: (If Partnership)		Date of Birth:	
(2)Name:				Area Code & Telephone Number () -		
Residence Address: Number and Street						
City		State		Zip Code		Country
SSN / ITIN:			FEIN: (If Partnership)		Date of Birth:	
10. <input type="checkbox"/> Corporation <input type="checkbox"/> LLC: List all officers/members with titles and date of birth. Attach additional sheets if necessary.						
(1) Name:		Title or Position:	Date of Birth	(2) Name:		Title or Position:
Address:		Address:				
City		State	Zip code	Country	City	
					Country	

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

12. Have any of the applicants or persons listed in items 10 or 11 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by BEARHFTI or any other state agency? Yes No If answer is 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.**

13. For all principals listed in item 10 and 11, 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, or 1203.41 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, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.** (Attach additional sheets if necessary).

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

15. Sales Tax Permit Number: (Assigned by California State Board of Equalization-California based companies only)

SECTION 2: Business Activities. Please check the types of business activities in which in which you are engaged (Check all boxes that apply)

<input type="checkbox"/> Import Furniture	<input type="checkbox"/> Import Bedding	<input type="checkbox"/> Manufacture Furniture
<input type="checkbox"/> Supply Dealer	<input type="checkbox"/> Wholesale Furniture	<input type="checkbox"/> Wholesale Bedding
<input type="checkbox"/> Catalog Sales	<input type="checkbox"/> Manufacture Bedding	<input type="checkbox"/> Sales via the Internet

SECTION 3: Please check the products below that you will be licensed to import, manufacture, wholesale, or supply under the Home Furnishings Act (Check all boxes that apply)

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

SECTION 4: Certification

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation.

Sole Proprietor or Partners: An application for Sole Proprietor MUST BE signed by the applicant. An application for Partnership MUST be signed by ALL partners.	Corporation/LLC: An application for a corporation or LLC must be signed by at least one of the principals/members.
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Signature _____	Title _____	Signature _____	Title _____
Print Name _____	Date _____	Print Name _____	Date _____
Signature _____	Title _____	Signature _____	Title _____
Print Name _____	Date _____	Print Name _____	Date _____

Failure to provide any of the requested information will result in the application being rejected as incomplete. The authority which authorizes the maintenance of the information is Section 19050 of the Business and Professions Code. Incomplete applications will be deemed abandoned one year after being returned as incomplete to the applicant.