



# City of Santa Ana

## Regulatory Safety Permit Application

### COLLECTIVE/COOPERATIVE INFORMATION

Type of Business Entity [Pursuant to SAMC 18-613 (u)]									
Collective/Cooperative Legal Name									
Collective/Cooperative DBA (If Applicable)									
Entity Name Used on Registration Application									
Collective/Cooperative Physical Address									
Street Address							Establishment / Unit #		
City					State				ZIP
<input type="checkbox"/> Mailing Address same as above									
Collective/Cooperative Mailing Address (If Applicable)									
Street Address							Establishment / Unit #		
City					State				ZIP

### Collective/Cooperative Contact Information

Phone Number (Must Have Voicemail)									
Email Address									
Cooperative/Collective Website									
Fax Number									

### EMPLOYEE INFORMATION

Number of Employees					Number of Volunteers				
Attachments Included			<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Pages				

### CURRENT AGENT FOR SERVICE OF PROCESS

Name									
Street Address							Establishment / Unit #		
City					State				ZIP

THIS IS AN APPLICATION FOR A REGULATORY SAFETY PERMIT ONLY

