



**COUNTY OF LOS ANGELES - PUBLIC HEALTH  
ENVIRONMENTAL HEALTH  
GARMENT INSPECTION PROGRAM  
5050 Commerce Dr, Baldwin Park, CA 91706**



Telephone: (626) 430-5570/ Fax: (626) 960-5019

**REQUEST FOR AMENDING/UPDATING STATUS  
INFORMATION REGARDING THE PUBLIC HEALTH LICENSE**

Please provide the following document for amendments\*. Photocopies & facsimiles will be accepted, but be prepared to provide copies for illegible and unclear documents.

Check the following:

**Change / Update Account**

**Delete / Close Entire Account**

Name of Owner: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Business (DBA/Corporation): \_\_\_\_\_

Business Address: \_\_\_\_\_ Room / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Change of business name (DBA) from: \_\_\_\_\_ to \_\_\_\_\_

\*(Provide Copy of Fictitious Business Name)

Change of Corporation and/or officer(s) from: \_\_\_\_\_ to \_\_\_\_\_

\*(Provide Copy of Current Statement of Information & Copy of Valid CA ID / Driver License for Officers)

Change of unit # and / or floor level from: \_\_\_\_\_ to \_\_\_\_\_

\*(Provide Copy of Current Lease)

Change of square feet from: \_\_\_\_\_ to \_\_\_\_\_

Change of mailing address to: \_\_\_\_\_ Room / Unit #: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Change of partner/s: Add \_\_\_\_\_ Drop \_\_\_\_\_ Name: \_\_\_\_\_

\*(Provide Copy of Valid CA ID/Driver License)

State reason of closure(including date): \_\_\_\_\_

[If moved, provide  
new address] \_\_\_\_\_

Owner / Agent (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENTAL USE ONLY**

SUB-DISTRICT	EHS	CENSUS TRACT	SITE NUMBER	SUF	EHT	DATE