



PUBLIC HEALTH PERMIT/LICENSE APPLICATION

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706

www.publichealth.lacounty.gov/eh

(888) 700-9995



Please fill out each section completely by printing or completing fillable PDF. See [page 2](#) for instructions, list of required documents to be submitted with your application, and instructions for payment.

Date of Application: _____

Select One: ☐ New Business

First Date of Operation: _____

☐ Change of Ownership

BUSINESS TYPE	
A separate application is required for each business type. Businesses noted with a red asterisk (*) also require a supplemental application to be completed. These can be found on our website at http://publichealth.lacounty.gov/eh/about/permit.htm .	
<input type="checkbox"/> Animal Keeper*	<input type="checkbox"/> Food Facility
<input type="checkbox"/> Boarding Home	<input type="checkbox"/> Garment Manufacturing*
<input type="checkbox"/> Body Art*	<input type="checkbox"/> Hotel or Motel*
<input type="checkbox"/> Cannabis*	<input type="checkbox"/> Interim Housing Facility
<input type="checkbox"/> Commercial Laundry*	<input type="checkbox"/> Laundry Self-service
<input type="checkbox"/> Certified Farmers Market	<input type="checkbox"/> Massage Establishment*
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Mobile Food Facility*
<input type="checkbox"/> Public Swimming Pool	<input type="checkbox"/> Residential Hotel/Single Room Occupancy
<input type="checkbox"/> Self-hauler (Municipal Solid Waste)*	<input type="checkbox"/> Sewage Pumper Truck
<input type="checkbox"/> Shared Kitchen Complex*	<input type="checkbox"/> Solid Waste Facility
<input type="checkbox"/> Theater	<input type="checkbox"/> Toilet Rental Agency
<input type="checkbox"/> Vending Machine	<input type="checkbox"/> Waste Collector*
<input type="checkbox"/> Water Systems (Public)	<input type="checkbox"/> Wiping Rag Facility*
<input type="checkbox"/> Other: _____	

BUSINESS INFORMATION		LEGAL NAME OF BUSINESS (DBA): _____	
Business Street Address		Unit	City
Phone		Email Address (for Reports & Communications)	Website address
Hours of Operation:	<input type="checkbox"/> 24 Hrs.	Open: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____	Closed: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____

OWNERSHIP INFORMATION		Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Name		Phone	Email
OWNER 1:			
OWNER 2:			
Emergency Contact:			

BILLING INFORMATION		<input type="checkbox"/> Use business address for billing <input type="checkbox"/> Send billing to address below:	
Street Address		Unit	City

TERMS	I HEREBY SUBMIT THIS APPLICATION FOR A PUBLIC HEALTH PERMIT/LICENSE to conduct the above-mentioned business, occupation or other activity in accordance with the laws, ordinances, and regulations that are now or may hereafter be in force pertaining to the above-identified facility. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. After issuance of the public health permit/license, I hereby consent to all necessary inspections conducted by the Department of Public Health, Environmental Health Division.	
	I understand that Public Health Permits/License are not transferable and non-refundable. I understand that refunds may be considered only when funds are collected in excess, erroneously, or as double payment. I shall notify this agency in writing if I transfer ownership, discontinue operation or change the billing address. I understand that failure to do so may result in an obligation to pay additional penalties.	
	I understand that a failure to maintain a current Public Health Permit/License may result in the closure of the facility, pursuant to Los Angeles County Code, California Health and Safety Code, and/or applicable local ordinances.	
	I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change, or change in method of operation requires review and approval by Department of Public Health, Environmental Health Division.	
Print Name:		Title:
Signature:		Date:

OFFICE USE ONLY			
Amount Owed:	(To be determined by Specialist on date of approval)	Payment Due By:	SR #:
PE Code:	PE Description:	Billing Status:	Invoice #: