



PUBLIC HEALTH PERMIT/LICENSE APPLICATION

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
(888) 700-9995



Date of Application:	Documents required for submittal: 1. Proof of ownership (i.e., business ownership, seller's permit); 2. Supplemental Application Form, as required (noted by * below)
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This Section to Be Completed by Applicant – Please Print or Type

FACILITY INFORMATION	Select One: <input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership			
	TYPE OF FACILITY <i>(Each facility type requires a separate public health permit/license application)</i>			
	<input type="checkbox"/> Animal Keeper*	<input type="checkbox"/> Food Facility*	<input type="checkbox"/> Public Swimming Pool*	<input type="checkbox"/> Toilet Rental Agency
	<input type="checkbox"/> Boarding Home*	<input type="checkbox"/> Garment Manufacturing*	<input type="checkbox"/> Residential Hotel/Single Room Occupancy	<input type="checkbox"/> Vending Machine*
	<input type="checkbox"/> Body Art*	<input type="checkbox"/> Hotel or Motel*	<input type="checkbox"/> Self-hauler	<input type="checkbox"/> Waste Collector
	<input type="checkbox"/> Cannabis*	<input type="checkbox"/> Interim Housing Facility	<input type="checkbox"/> Sewage Pumper Truck	<input type="checkbox"/> Water Systems, Public*
<input type="checkbox"/> Commercial Laundry	<input type="checkbox"/> Laundry Self-service	<input type="checkbox"/> Solid-waste Facility	<input type="checkbox"/> Wiping Rag Business	
<input type="checkbox"/> Certified Farmers Market*	<input type="checkbox"/> Massage Establishment*	<input type="checkbox"/> Theater	<input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Mobile Food Facility*			
Legal Name of Business (DBA):				
Business Address: (include street directions and suite number, if applicable)		City:	Zip:	
Business Phone Number/s:		Business E-Mail:		
Hours of Operation: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____ <input type="checkbox"/> 24 Hrs				

LEGAL OWNER(S) INFORMATION	Type of Ownership (*attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization)			First Date of Operation:	
	<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*				
	OWNER 1				
	Business Owner:		Select one Photo Identification: (if Sole Proprietorship or Partnership, attach copy of ID)		ID Number:
	Owner's Address: (must be different than Business Address and cannot be a P.O. Box)		<input type="checkbox"/> Driver License - State: _____		
	City:	State:	Zip:	<input type="checkbox"/> ID - State: _____	
	Owner E-mail:		Owner Telephone:		<input type="checkbox"/> Consulate ID: _____
	Emergency Contact Name:		Emergency Telephone:		<input type="checkbox"/> Other, specify: _____
	OWNER 2				
	Business Owner:		Select one Photo Identification: (if Sole Proprietorship or Partnership, attach copy of ID)		ID Number:
Owner's Address: (must be different than Business Address and cannot be a P.O. Box)		<input type="checkbox"/> Driver License - State: _____			
City:	State:	Zip:	<input type="checkbox"/> ID - State: _____		
Owner E-mail:		Owner Telephone:		<input type="checkbox"/> Consulate ID: _____	
Emergency Contact:		Emergency Telephone:		<input type="checkbox"/> Other, specify: _____	

BILLING	<input type="checkbox"/> Check if billing information is the same as above (Leave blank if you are not the primary owner.)			
	Billing Contact Name:		Billing Contact Telephone:	
	Billing Mailing Address: (include street directions and suite number, if applicable)		City:	State:

TERMS	<p>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.</p> <p>I understand that Public Health Permits/License are not transferable and not refundable. 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.</p> <p>I understand that a failure to maintain a current Public Health Permit/License may result in the closure of the facility, pursuant to California Health and Safety Code and/or applicable local ordinances.</p> <p>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.</p>		
	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 #: