



County of Los Angeles – Public Health  
Environmental Health  
Garment Inspection Program

5050 Commerce Dr, Baldwin Park, CA 91706 Ph: (626) 430-5570, Fax: (626) 962-1805



**PUBLIC HEALTH LICENSE WAIVER LETTER REQUEST FORM**

Please submit the following (requests will only be processed upon receipt of all requested items):

1. **Legible copy** of a **valid California Driver License/Identification** for the owner or CEO. **(Faxed copies will not be accepted).**
2. **Non refundable fee** of \$286.00.00 in the form of **Cashier's check** or **money order** made payable to "County of Los Angeles"
3. A completed waiver letter request form.

Mail application together with payment to: **GARMENT INSPECTION PROGRAM**  
**5050 Commerce Drive, Baldwin Park, CA 91706**

Please Complete the Following Information as Accurately as Possible

Date: \_\_\_\_\_

**Applicant Information** (check one)     **New Applicant**     **Move to New Location**

**Type of business** (check all that apply):

- Wholesale and/or Retail     Design     Show Room     Garment Broker     Labor Broker     Office Activities     Warehousing  
 Knitting Fabric Only     Home-based Business     Other \_\_\_\_\_

Name of owner/CEO: \_\_\_\_\_ CA Driver License/Identification #: \_\_\_\_\_

Partner's name (if any): \_\_\_\_\_

Are you sharing space?     No     Yes If yes, provide the name of the business: \_\_\_\_\_

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

Name of Corporation (if applicable): \_\_\_\_\_

Address of Business: \_\_\_\_\_ Rm./Ste.#: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address:     Same as business address     Different from business address (write address below)

Street number and name: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ SR #: \_\_\_\_\_ Sub-District: **GA** Inspector: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Date Inspected: \_\_\_\_\_     Approved     Denied; reason for denial: \_\_\_\_\_

PHL Waiver Request outcomes reported to (name of individual): \_\_\_\_\_ Date: \_\_\_\_\_