

<input type="checkbox"/> New Business		<input type="checkbox"/> Ownership Change    Date: _____		<input type="checkbox"/> Information Change    Date: _____	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____					
Check all that apply:	<input type="checkbox"/> Medical Waste Facility Type 1(Large)		<input type="checkbox"/> Body Art Facility		<input type="checkbox"/> Sewage Pumping Facility
	<input type="checkbox"/> Medical Waste Facility Type 2 (Small)		<input type="checkbox"/> LEA Facility		<input type="checkbox"/> Grease Pumping Facility
	<input type="checkbox"/> Medical Waste Common Storage				<input type="checkbox"/> Toilet Rental Agency
	<input type="checkbox"/> Medical Waste Ambulance				
	<b>OWNER INFORMATION</b>				
Owner Name:					
Owner Address:					
City:		State:		Zip:	
Home Phone: (    )		Business Phone: (    )		Fax:	
Partner(s)/Corp Name:					
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
<b>FACILITY/BUSINESS INFORMATION</b>					
Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone: (    )		Alternate phone: (    )		Fax: (    )	
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					
<b>BILLING INFORMATION</b>					
Mailing Address for invoice to renew annual permit: <input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Owner Address <input type="checkbox"/> Other					
If you checked other, what is the address? _____					
Care of: _____					
Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.					
_____		_____		_____	
Signature of Applicant		Print Name		Date	
<b>PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.    PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.</b>					

<b>FOR OFFICIAL USE ONLY</b>			
Program ID	PE	Date Mailed	Facility ID
Previous Owner ID	New Owner ID	Map #	Service Request #
Total Fees Paid	Received By	Date Paid	Accounting ID

## FEES EFFECTIVE 06/25/2016

1. The health permit fee is based on a fiscal year. The annual health permit fee is paid at the time you open and every July of every year you are in operation. If you start your business between January and June, your permit fee is prorated, and you only pay 50% of the annual permit fee. However, each July you will pay the full annual permit fee. In addition to the permit fee, there is a one-time application fee of \$90.00.
2. Medical waste generator fixed facility Type 1: means a facility which generates two hundred (200) or more pounds of medical waste in any month of a twelve (12) month period. These facilities also provide inpatient care at locations composed of more than one floor and/or more than two (2) buildings, or provide outpatient care services at a facility composed of more than two (2) buildings.
3. Medical waste generator fixed facility Type 2: means a facility which may provide inpatient care at locations composed of a single level and less than three (3) buildings, outpatient services at locations of less than three (3) buildings, and generates two hundred (200) pounds of medical waste per month in a twelve (12)-month period. This may also be a facility that generates less than two hundred (200) pounds per month of medical waste but uses onsite treatment of the medical waste.

### ENVIRONMENTAL HEALTH DIVISION FEES

#### Permit Fee(s) Must be Submitted with Permit Application

DESCRIPTION		Full Permit Fee			Prorated Permit Fee		
		Application Fee	Permit Fee	Total Fees	Application Fee	Prorated Fee	Total Prorated Fees
MEDICAL WASTE							
FACILITY TYPE 1	MW20	\$90.00	\$1,415.00	\$1,505.00	\$90.00	\$707.50	\$797.50
FACILITY TYPE 2	MW21	\$90.00	\$1,120.00	\$1,210.00	\$90.00	\$560.00	\$650.00
COMMON STORAGE	MW14	\$90.00	\$150.00	\$240.00	\$90.00	\$75.00	\$165.00
AMBULANCE	MW16	\$90.00	\$1085.00	\$1175.00	\$90.00	\$542.50	\$632.50
BODY ART FACILITY	BA07	\$90.00	\$400.00	\$490.00	\$90.00	\$200.00	\$290.00
BODY ART ANNUAL REGISTRATION	BA03	N/A	\$125.00	\$125.00	N/A	\$62.50	\$62.50
BODY ART TEMPORARY FACILITY SPONSOR	BA10	N/A	\$375.00	\$375.00	N/A	N/A	N/A
BODY ART TEMPORARY FACILITY DEMONSTRATION BOOTH (10'x10')	BA11	N/A	\$130.00	\$130.00	N/A	N/A	N/A
SEPTIC PUMPER FACILITY PER VEHICLE	SE03	\$90.00	\$545.00	\$635.00	\$90.00	\$272.50	\$362.50
GREASE PUMPER FACILITY PER VEHICLE	GE03	\$90.00	\$545.00	\$635.00	\$90.00	\$272.50	\$362.50
TOILET RENTAL AGENCY	TO03	\$90.00	\$435.00	\$525.00	\$90.00	\$217.50	\$307.50
FULL SOLID WASTE FACILITY PERMIT							
CLASS II LANDFILL	WF03	\$90.00	\$10,000.00	\$10,090.00	\$90.00	\$5,000.00	\$5,090.00
CLASS III LANDFILL	WF03	\$90.00	\$15,055.00	\$15,145.00	\$90.00	\$7,527.50	\$7,617.50
OTHER (COMPOSTING, ECT)	WF03	\$90.00	\$10,890.00	\$10,980.00	\$90.00	\$5,445.00	\$5,535.00
STANDARIZED PERMIT	WF03	\$90.00	\$8,035.00	\$8,125.00	\$90.00	\$4,017.50	\$4,107.50
REGISTRATION PERMIT	WF03	\$90.00	\$4,930.00	\$5,020.00	\$90.00	\$2,465.00	\$2,555.00
NOTIFICATION PERMIT							
QUARTERLY INSPECTION	WF03	\$90.00	\$2,520.00	\$2,610.00	\$90.00	\$1,260.00	\$1,350.00
ANNUAL INSPECTION	WF03	\$90.00	\$720.00	\$810.00	\$90.00	\$360.00	\$450.00