

ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division
2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8740
661-862-8701(fax)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change	<input type="checkbox"/> 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	<input type="checkbox"/> Medical Waste Common Storage	<input type="checkbox"/> Body Art Facility
	<input type="checkbox"/> Medical Waste Facility Type 2	<input type="checkbox"/> Medical Waste	<input type="checkbox"/> LEA Facility
OWNER INFORMATION			
Owner Name:	_____		
Owner Address:	_____		
City:	_____	State:	_____
Home Phone:	() _____	Business Phone:	() _____
Partner(s)/Corp Name:	_____		
Care Of:	_____	E-Mail Address:	_____
Mailing Address:	_____		
City:	_____	State:	_____
FACILITY/BUSINESS INFORMATION			
Facility Name (DBA):	_____		
Address:	_____		
City:	_____	State:	_____
Phone:	() _____	Alternate phone:	() _____
Care Of:	_____	E-Mail Address:	_____
Mailing Address:	_____		
City:	_____	State:	_____
Water Provider	_____		
BILLING INFORMATION			
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	
PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.			

FOR OFFICIAL USE ONLY			
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