



INSTRUCTIONS

1. Please answer all questions. If information is not known or unavailable, please indicate.

2. Return the application along with the permit fee of \$163.00 to the City of Vernon Health Department, 4305 S. Santa Fe Ave., Vernon, CA 90058 Tel.(323) 583-8811 Ext 233 Fax (323)588-4320

**CITY OF VERNON HEALTH & ENVIRONMENTAL CONTROL DEPARTMENT
GARMENT MANUFACTURING ESTABLISHMENT
HEALTH PERMIT APPLICATION**

Business Name (including DBA, if applicable) _____

Business Address _____

City Vernon State CA Zip _____ Business Phone _____

Mailing Information (if different than above) Name _____

Mailing address (if different than location address) _____

Name of Owner _____ Phone _____

Name of On-Site Manager _____ Phone _____

PERMIT INFORMATION

- | | | | |
|------------------------------------------------------------------|-------------------------------|---------|---------|
| A. Number of shifts _____ | Number of Employees per Shift | M _____ | F _____ |
| B. Number of toilets provided | | M _____ | F _____ |
| C. Number of drinking fountains | _____ | | |
| D. Number of bottled water stations | _____ | | |
| E. Number of lunch rooms/lunch areas | _____ | | |
| F. Number of food vending machines | _____ | | |
| G. Name of refuse/waste collector _____ | | | |
| H. Approximate volume of refuse/waste collected per month (tons) | _____ | | |
| I. Approximate volume of refuse/waste recycled per month (tons) | _____ | | |

Brief Describe the Nature of Your Business:

I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND OPERATION OF THIS BUSINESS.

Signature of Business Owner or Authorized Representative

DATE: _____

Printed Name

TITLE: _____

FOR OFFICE USE ONLY

ACCOUNT NO. 011-1060-410240

FACILITY NO. _____