



INSTRUCTIONS
 1. Please answer all questions. If information is not known or unavailable, please indicate.
 2. Return the application along with the application fee of \$252.00 to the City of Vernon Environmental Health, 4305 S. Santa Fe Ave., Vernon, CA.

PERMIT NO. _____

**CITY OF VERNON
 GARMENT MANUFACTURING ESTABLISHMENT
 HEALTH PERMIT APPLICATION**

Name _____
 Address _____
 City _____ Vernon _____ State CA _____ Zip _____ Business Phone _____

NAME OF BUSINESS _____
 Business Mailing address (if different than location) _____

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: _____