



**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 \$308.00 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. \_\_\_\_\_