



**CITY OF VERNON**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
 4305 SANTA FE AVENUE, VERNON, CA 90058 ! (323) 583-8811, EXT. 233

**APPLICATION FOR (NON-FOOD) HEALTH PERMIT**

**INSTRUCTIONS:** All applicants must complete SECTION A and SECTION B. Complete SECTION C if you use vehicles in your business.  
**PLEASE PRINT CLEARLY.**

**SECTION A: BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_ Phone No: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Reason for Application (Check One):

<input type="checkbox"/> New Permit	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Vehicle	<input type="checkbox"/> Additional Units
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**SECTION B: TYPE OF BUSINESS**

Indicate the type of business you wish to permit by checking the appropriate box:

<input type="checkbox"/> Laundry	<input type="checkbox"/> Rendering Plant	<input type="checkbox"/> Offal Transport	<input type="checkbox"/> Liquid Waste & Sump Pump Service
<input type="checkbox"/> Waste Collection	<input type="checkbox"/> Waste Processing Facility	<input type="checkbox"/> Waste Transfer Station	<input type="checkbox"/> Other:

**SECTION C: TYPE OF VEHICLES**

Indicate the type of vehicle(s) you wish to permit by checking the appropriate box:

<input type="checkbox"/> Laundry Delivery	<input type="checkbox"/> Offal/Rendering Collection	<input type="checkbox"/> Waste Collection	<input type="checkbox"/> Liquid Waste Vacuum Pumper
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Identify each vehicle to be permitted as to vehicle license plate number, year, make, and model:

#	Vehicle License Plate #	Year/Make/Model
1		
2		
3		
4		
5		
6		

(Use back of application to identify additional vehicles)

DEPARTMENT USE ONLY	
Basic Fee	\$
Unit Fee	\$
<b>TOTAL FEE DUE</b>	<b>\$</b>

**FEES MUST BE PAID AT TIME OF APPLICATION, PAYABLE TO: "CITY OF VERNON"**

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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

FOR DEPARTMENT USE ONLY				
Receipt #	Date Paid	Received By	Permit Approved/Denied	Permit #
			Date: _____ By: _____	