



PUBLIC HEALTH PERMIT/LICENSE APPLICATION

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
(888) 700-9995



Please fill out each section completely by printing or completing fillable PDF. See [page 2](#) for instructions, list of required documents to be submitted with your application, and instructions for payment.

Date of Application: _____

Select One: New Business

First Date of Operation: _____

Change of Ownership

| BUSINESS TYPE | | A separate application is required for each business type. Businesses noted with a red asterisk (*) also require a supplemental application to be completed. These can be found on our website at http://publichealth.lacounty.gov/eh/about/permit.htm . | |
|---|---|---|---|
| <input type="checkbox"/> Animal Keeper* | <input type="checkbox"/> Food Facility | <input type="checkbox"/> Public Swimming Pool | <input type="checkbox"/> Toilet Rental Agency |
| <input type="checkbox"/> Boarding Home | <input type="checkbox"/> Garment Manufacturing* | <input type="checkbox"/> Residential Hotel/Single Room Occupancy | <input type="checkbox"/> Vending Machine |
| <input type="checkbox"/> Body Art* | <input type="checkbox"/> Hotel or Motel* | <input type="checkbox"/> Self-hauler (Municipal Solid Waste)* | <input type="checkbox"/> Waste Collector* |
| <input type="checkbox"/> Cannabis* | <input type="checkbox"/> Interim Housing Facility | <input type="checkbox"/> Sewage Pumper Truck | <input type="checkbox"/> Water Systems (Public) |
| <input type="checkbox"/> Commercial Laundry* | <input type="checkbox"/> Laundry Self-service | <input type="checkbox"/> Shared Kitchen Complex* | <input type="checkbox"/> Wiping Rag Facility* |
| <input type="checkbox"/> Certified Farmers Market | <input type="checkbox"/> Massage Establishment* | <input type="checkbox"/> Solid Waste Facility | |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Mobile Food Facility* | <input type="checkbox"/> Theater | Other: _____ |

| BUSINESS INFORMATION | | LEGAL NAME OF BUSINESS (DBA): _____ | | |
|-------------------------|--|---|---|-----|
| Business Street Address | | Unit | City | Zip |
| Phone | Email Address (for Reports & Communications) | | Website address | |
| Hours of Operation: | <input type="checkbox"/> 24 Hrs. | Open: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____ | Closed: M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____ | |

| OWNERSHIP INFORMATION | | Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | | | |
|-----------------------|------|---|-------|--|--|
| | Name | Phone | Email | | |
| OWNER 1: | | | | | |
| OWNER 2: | | | | | |
| Emergency Contact: | | | | | |

| BILLING INFORMATION | | <input type="checkbox"/> Use business address for billing <input type="checkbox"/> Send billing to address below: | | | |
|---------------------|--|---|------|-------|-----|
| Street Address | | Unit | City | State | Zip |
| | | | | | |

| TERMS | I HEREBY SUBMIT THIS APPLICATION FOR A PUBLIC HEALTH PERMIT/LICENSE to conduct the above-mentioned business, occupation or other activity in accordance with the laws, ordinances, and regulations that are now or may hereafter be in force pertaining to the above-identified facility. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. After issuance of the public health permit/license, I hereby consent to all necessary inspections conducted by the Department of Public Health, Environmental Health Division. | |
|-------------|--|--|
| | I understand that Public Health Permits/License are not transferable and non-refundable. I understand that refunds may be considered only when funds are collected in excess, erroneously, or as double payment. I shall notify this agency in writing if I transfer ownership, discontinue operation or change the billing address. I understand that failure to do so may result in an obligation to pay additional penalties. | |
| | I understand that a failure to maintain a current Public Health Permit/License may result in the closure of the facility, pursuant to Los Angeles County Code, California Health and Safety Code, and/or applicable local ordinances. | |
| | I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change, or change in method of operation requires review and approval by Department of Public Health, Environmental Health Division. | |
| Print Name: | Title: | |
| Signature: | Date: | |

| OFFICE USE ONLY | | | |
|-----------------|--|-----------------|------------|
| Amount Owed: | (To be determined by Specialist on date of approval) | Payment Due By: | SR #: |
| PE Code: | PE Description: | Billing Status: | Invoice #: |

Welcome to Los Angeles County! Our goal at Environmental Health is to partner with you to ensure that your facility meets all regulatory health and safety requirements. Obtaining your Public Health Permit or License is the first step.

INSTRUCTIONS

1. Please print or complete using fillable PDF.
2. All fields must be completed. Enter N/A if a field is not applicable to the business. If the information entered is the same for multiple fields, such as the Billing Mailing Address, reenter that information – do not use “same as above.”
3. Fill out the date of the application, first date that your facility starts or started operation, and indicate if this is application is for a NEW facility or for a Change of Ownership.
4. Check the type of business you are applying for. For businesses that have a red asterisk (*) you will also need to submit a Supplemental Application that asks specific information for that facility type. Applications can be found on our website at <http://publichealth.lacounty.gov/eh/about/permit.htm>.
5. Provide the business: name, address, phone, email, website, and hours of operation. The business email will be where inspection reports will be sent to and where Public Health may send communications.
6. Indicate the type of ownership and provide the owner’s name(s), phone and email. Include an emergency contact.
7. Indicate if the billing address is the same as the business address. If not, provide the desired billing address.
8. Read all information in the Terms section and acknowledge by printing your name and signing the application.

ADDITIONAL DOCUMENTS

The following documents must be submitted to process your request:

- ✓ Completed **Supplemental Application** – only for businesses with a red asterisk * on page 1 of the application
- ✓ Copy of the supporting documentation of the “person” who is legally responsible for the operation of the business:
 - **Sole Proprietor or Partnership** – a current driver’s license, state issued identification card, or Foreign Consulate Identification Card for each owner
 - **Limited Partnership (LP)** - Certificate of Limited Partnership
 - **Limited Liability Partnership (LLP)** - Limited Liability Partnership (LLP) Registration
 - **Corporation** - Articles of Incorporation, including a list of the officers’ names and titles
 - **Limited Liability Company (LLC)** - Articles of Organization
- ✓ For corporations, include copy of:
 1. **Employer identification Number (EIN) statement from IRS, AND**
 2. CA Secretary of State **Statement of Information.**
- ✓ Copy of **Business License Application or Seller’s Permit**

SUBMISSION AND PAYMENT

The application(s), supporting documents, and payment can be submitted in person, by mail, or by email as noted below. Failure to submit the completed application and payment of the permit or license will impede the issuance of the permit or may result in the closure of the facility and may be subject to a penalty not to exceed three times the cost of the permit.

| Online | Mail | In Person |
|--|--|---|
| Customers can pay online using their Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck). Please note that there is additional convenience fee charge using online payment. Contact us at (626) 430-5350 or ehpermits@ph.lacounty.gov for more information. | Send your Check, Cashier's Check, or Money Order, payable to the County of Los Angeles , to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978 | Customers may make payments in person at Environmental Health office locations throughout Los Angeles County. Acceptable forms of payment in-person include Cash, Check, Cashier's Check, or Money Order. Payments will be accepted between the hours of 8:00 am - 4:30 pm, Monday through Friday. Cash payments may only be in person, and in the exact amount due. Check our website for locations at http://publichealth.lacounty.gov/eh/ |

The Public Health Permit/License, once issued, is nontransferable. A permit/license is only valid for the person, location, type of activity and time period indicated. Refunds may be considered only when funds are collected in excess, erroneously, or as double payment.

INFORMATION SECURITY

All owner personal information (phone, email) on applications is kept confidential. Do not provide a copy of your Driver’s License or Identification through email unless you have received an encrypted email from a Department of Public Health team member first. The subject line of the encrypted email will include this text: **[SECURE]**. Your documents can be submitted safely by replying to the **[SECURE]** email and attaching your documents.

If you have any questions, please contact the Environmental Health Division at **(888) 700-9995**.