



**COUNTY OF LOS ANGELES - PUBLIC HEALTH
ENVIRONMENTAL HEALTH
GARMENT INSPECTION PROGRAM**
5050 Commerce Drive, Baldwin Park, CA 91706 (626)-430-5570
FAX (626)-962-1805



**PUBLIC HEALTH LICENSE
REQUIREMENTS FOR APPLICATION PROCESSING**

PLEASE BRING THE FOLLOWING DOCUMENTS. PHOTOCOPIES WILL BE ACCEPTED, BUT BE PREPARED TO PROVIDE ORIGINAL COPIES FOR ILLEGIBLE AND UNCLEAR DOCUMENTATIONS AND/OR PHOTOS.

1. If this is a Corporation: Submit **Articles of Incorporation/Organization** and **current Domestic Stock/LLC Statement of Information** from the State of California. Provide **TAX ID Number**.
2. **Legible Copy of Valid California Driver License/Identification** for Owner, Partner, CEO/CFO or Agent for service of Process.
3. **Lease or Sub-Lease Agreement** (designating owner, corporation or DBA, address, square footage, start date and signature page).
4. **Incomplete application will be rejected.**
5. **Submit payment only after the application package has been reviewed and approved.** (Check, money order, cashier's check **payable to LA County** and **no post-dated checks** accepted; cash at front counter only).

PLEASE COMPLETE THE FOLLOWING INFORMATION AS ACCURATELY AS POSSIBLE. DATE: _____

TYPE OF BUSINESS: CUTTING SEWING PRESSING/FINISHING EMBROIDERY GARMENT KNITTING ORNAMENTATION SILK SCREEN
 SAMPLE MAKING LAUNDRY/IRONING/DYEING/FLUFF-N-FOLD WIPING RAG PATTERN MAKERS/GRADERS OTHER _____

NAME OF OWNER/PRESIDENT: _____ CA Driver License _____

TAX ID No. (required for corporation/ LLC) _____

PARTNERS NAME (if any) _____

ARE THERE ANY OTHER BUSINESSES IN THIS UNIT/ROOM AT THIS SAME ADDRESS? NO _____ YES _____ DBA: _____

NAME OF YOUR BUSINESS(DBA) _____ CORPORATION NAME _____

BUSINESS ADDRESS: _____ ROOM# _____ CITY _____ ZIP CODE: _____ PHONE NUMBER () _____

START DATE: _____ SQ FT OF BUSINESS: _____ # OF EMPLOYEES: MALE _____ FEMALE _____

NUMBER OF TOILETS AVAILABLE TO EMPLOYEES: MALE - TOILETS _____ SINKS _____ URINALS _____ FEMALE-TOILETS _____ SINKS _____

MAILING ADDRESS _____ E-MAIL ADDRESS _____

REVISED 8-13-2014

DEPARTMENTAL USE ONLY

DATE	SUB-DISTRICT	EHS NAME	SERVICE REQUEST #	FACILITY ID	PROGRAM RECORD	P/E	INVOICE #	OWNER NOTIFIED ON DATE BY EHS/T
	GA-		SRO	FA0	PRO		IN	