



**ENVIRONMENTAL HEALTH**  
 Bureau of Specialized Surveillance and Enforcement  
 Garment Inspection Program  
 5050 Commerce Drive, Baldwin Park, CA 91706  
 Telephone: (626) 430-5570 • Fax: (626) 962-1805  
 Website: <http://www.publichealth.lacounty.gov/eh>



**REQUEST TO AMEND/UPDATE PUBLIC HEALTH LICENSE INFORMATION**

Please provide the following documents for amendments. Photocopies & facsimiles will be accepted, but be prepared to provide copies for illegible and unclear documents.

**\*Note: Do not use this form for transfer of business location.**

Facility ID:	Program Rec ID:	
Owner Name: (Individual or Corporation)	President Name if Owner is a Corporation:	
Name of Business ( DBA):	Email address:	
Business Address:	Telephone:	

**Change of business name (DBA)**

Old business name (DBA):	New business name (DBA):
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\*Note: Please provide a copy of Fictitious Business Name.

**Change of mailing address:**

Old mailing address:	City:	Zip Code:
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New mailing address:	City:	Zip Code:
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**Change of President/ CEO/CFO/ Partner:**

Old corporate officer:	New corporate officer:
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\*Note: Provide a copy of Current Statement of Information & copy of valid CA ID for new corporate officer.

**Change of Partner/s:** Add: \_\_\_\_\_ Remove: \_\_\_\_\_ Name: \_\_\_\_\_

Name of person requesting: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Sub district: _____ EHS: _____	Comments:
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