PUBLIC HEALTH LICENSE WAIVER LETTER REQUEST FORM

Please submit the following (requests will only be processed upon receipt of all requested items):
1. Legible copy of a valid California Driver License/Identification for the owner or CEO. (Faxed copies will not be accepted).
2. Non refundable fee of $286.00 in the form of Cashier’s check or money order made payable to “County of Los Angeles”
3. A completed waiver letter request form.

Mail application together with payment to: GARMENT INSPECTION PROGRAM
5050 Commerce Drive, Baldwin Park, CA 91706

Please Complete the Following Information as Accurately as Possible

Date: __________________

Applicant Information (check one)  □ New Applicant  □ Move to New Location

Type of business (check all that apply):
☐ Wholesale and/or Retail  ☐ Design  ☐ Show Room  ☐ Garment Broker  ☐ Labor Broker  ☐ Office Activities  ☐ Warehousing
☐ Knitting Fabric Only  ☐ Home-based Business  ☐ Other ____________________________

Name of owner/CEO: ____________________________ CA Driver License/Identification #: ____________________________

Partner’s name (if any): ____________________________

Are you sharing space?  ☐ No  ☐ Yes If yes, provide the name of the business: ____________________________

Name of Business (DBA): ____________________________

Name of Corporation (if applicable): ____________________________

Address of Business: ____________________________ Rm./Ste. #: _________ City: ________________ Zip Code: ________________

Phone # (___) _____________ Fax # (___) _____________ E-mail Address: ____________________________

Mailing Address: ☐ Same as business address  ☐ Different from business address (write address below)

Street number and name: ____________________________ City: _________ Zip Code: ________________

For Office Use Only  Date Received: ______________ SR #: ______________ Sub-District: GA  Inspector: ______________ Date Assigned: ______________

Date Inspected: ______________  ☐ Approved  ☐ Denied; reason for denial: ____________________________

PHL Waiver Request outcomes reported to (name of individual): ____________________________ Date: ______________

Rev. 8/1/2018