



PUBLIC HEALTH PERMIT/LICENSE APPLICATION SOLID WASTE MANAGEMENT PROGRAM

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
(626) 430-5540



PART I. GENERAL BUSINESS/OPERATION INFORMATION

Check all that applies: New Waste Collection Operation/Business Waste Collector Vehicles Waste Collector Yard

TERMS	<p>THE FOLLOWING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS CONDITIONS FOR THE GRANTING OF THIS PERMIT. I (WE) AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED BY THE ENFORCEMENT AGENCY. I (WE) AGREE TO CONDUCT ALL PHASES OF THE BUSINESS AND TO MAINTAIN ALL EQUIPMENT USED IN CONJUNCTION WITH THE BUSINESS IN CONFORMANCE WITH ALL APPLICABLE LAWS, REGULATIONS, AND ENACTMENTS."</p>	
	Signature:	Date:
	Print Name:	Title:

PART II. LIST OF WASTE COLLECTOR VEHICLE/EQUIPMENT INFORMATION TO BE PERMITTED

LIST OF VEHICLES	Total Number of Collection Vehicles to be permitted:						
	#	MAKE	YEAR	LICENSE NUMBER	VIN	SERVICE/USE TYPE (Residential, Commercial, Industrial, Demolition, Debris)	VEHICLE TYPE (Front Loader, Rear Loader, Side Loader, Roll-off)
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
13.							
<input type="checkbox"/> Check here if additional vehicles are needed. Please go to PART III to add more vehicle(s) information(s).							

FOR ENFORCEMENT AGENCY USE ONLY

APPLICATION PACKAGE	APPLICATION PACKAGE		APPLICATION STATUS	
	Date Received:	<input type="checkbox"/> Approved	Date:	
	Date Accepted:	<input type="checkbox"/> Denied	Date:	
	Service Request (SR) #:	Reason for Denial:		
	SR Entered by:			
	SR Date:			
FA #:	PR #:			



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PART II. LIST OF WASTE COLLECTOR VEHICLE/EQUIPMENT INFORMATION TO BE PERMITTED

Total Number of Collection Vehicles to be permitted:

LIST OF VEHICLES (Continued)	MAKE	YEAR	LICENSE NUMBER	VIN	SERVICE/USE TYPE (Residential, Commercial, Industrial, Demolition, Debris)	VEHICLE TYPE (Front Loader, Rear Loader, Side Loader, Roll-off)
	14.					
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
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43.						
44.						



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RECORD OF OPERATOR QUALIFICATIONS

OPERATOR QUALIFICATIONS

PURSUANT TO THE COUNTY OF LOS ANGELES ORDINANCE 20.72.040 – WASTE COLLECTOR QUALIFICATIONS. BEFORE A WASTE COLLECTOR PERMIT MAY BE ISSUED, PROOF MUST BE SUBMITTED TO THE ENFORCEMENT AGENCY TO ESTABLISH THAT THE WASTE COLLECTOR HAS ADEQUATE FINANCIAL RESOURCES AND EXPERIENCE TO PROPERLY CONDUCT THE OPERATION AUTHORIZED. THE FACTS NEEDED TO ESTABLISH THIS PROOF SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

1. THE FILING OF A \$2,500 PERFORMANCE BOND OR EQUIVALENT SECURITY WITH THE ENFORCEMENT AGENCY TO REMAIN IN EFFECT FOR THE TERM OF THE PERMIT.
2. EVIDENCE SUBMITTED TO THE ENFORCEMENT AGENCY THAT THE WASTE COLLECTOR HAS EXPERIENCE SUFFICIENT TO MEET THE NEEDS OF WASTE COLLECTION ACTIVITIES.

BOND INFORMATION

In order to comply with the above please provide the following information:

Bonding Company Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone Number(s): _____

Bond Number: _____ **Expiration Date:** _____

Date Bond Filed: _____ **Bond Amount:** _____

NOTE: A COPY OF THE PERFORMANCE BOND, MADE PAYABLE TO THE COUNTY OF LOS ANGELES, MUST BE FILED WITH THE ENFORCEMENT AGENCY

BANK/LOAN CERTIFICATE

In lieu of a performance bond, you may file with the enforcement agency a bank or savings and loan certificate. These must be in an amount not less than \$2,500. Payable to the county of Los Angeles. If you utilize this option, please complete the following:

Name of Bank, Savings and Loan, or Credit Union: _____

Branch Address and Telephone Number: _____

Name of Branch Manager: _____

Certified or Cashier's Check No.: _____ **Amount (\$):** _____

Savings & Loan Certificate No.: _____ **Amount (\$):** _____

Share Number: _____

RECORD OF COMPANY EXPERIENCE

Public liability and property damage insurance carrier information:

Name: _____ **Telephone Number:** _____ **Policy Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Workman's compensation insurance carrier information:

Name: _____ **Telephone Number:** _____ **Policy Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

List five (5) credit references (bank, suppliers, etc.)

	NAME	TELEPHONE NUMBER	ADDRESS
1.			
2.			
3.			
4.			
5.			

2. How long has the firm been in the waste collection business?
 Number of years: _____ Number of months: _____ Start date of business? _____

2. Does the firm currently hold any contracts of franchises in cities or other counties? Yes No

If yes, list each along with the name, address, and telephone number of the person responsible for the administration of the contract or franchise and how long the firm has held the contract or franchise (see page 4).



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Continuation for record of operator qualifications:

FRANCHISE CONTRACT INFORMATION

1st FRANCHISE CONTRACT

Name of Responsible Person

Address

City:

Zip
Code:

Telephone Number

Contact Period

2nd FRANCHISE CONTRACT

Name of Responsible Person

Address

City:

Zip
Code:

Telephone Number

Contact Period

3rd FRANCHISE CONTRACT

Name of Responsible Person

Address

City:

Zip
Code:

Telephone Number

Contact Period

4th FRANCHISE CONTRACT

Name of Responsible Person

Address

City:

Zip
Code:

Telephone Number

Contact Period

Check here if additional franchise contract information(s) are needed to be listed here. Include the attachment page(s) with the application package.