Solid Waste Bin Registration Form

Business Information:				
Business Name (DBA):				
		City:	ST:	ZIP:
		City:	ST:	ZIP:
Business Phone:				
Waste hauling yard location				
Owner Information:				
Owner's Name:				
Owner's Address:		City:	ST:	ZIP:
l		Cell Phone:		
Driver's License #:				
Waste Bins: (Please incl	ude greenwaste and	recycling bins)		
UNIT TYPES IN S	SERVICE	AREA	S OF DISTRIBUTION	
Volume (cubic yards)	# of units	AREA (cities, unincorporate	ed communities, etc.)	# of customers
	_			
	-			
	1			
	-			
	-			
	-			
	-			
	-			
Total in Service				
	mit the completed form Imper	r other arrangements) any garbage with the required registration fee of tial County Public Health Departm Division of Environmental Health 797 Main Street, Suite B El Centro, CA 92243	\$271.00 to:	r-type solid waste
Billing and Compliance	Acknowledgement			
to the party identif transferable to a c Department in wri	fied as the OWNER/OF different owner/operato ting within 10 business	ent, acknowledge that all fees assore PERATOR on this form. I further und r and upon change of ownership, or days before the change occurs. I at a valid permit and the owner/ open	derstand that the annu- the closure of a busin cknowledge that failur	al Health Permit is non ess, I will notify this e to pay annual Health
		Office Use Only		
Date: Amou	unt: Amt.	Type: #:	FA #:	Rcvd by:
olid Waste Bin Registration Form		Page 1 of 2		Revised 01/03/

Imperial County - Public Health Department Division of Environmental Health

this application. I further certify that should a permit be gran are now or may here-in-after be in force by the United State	n supplied on this application is true and correct. The permit ND THE FEE FORFEITED upon falsification of any portion of ted, I shall observe the laws, ordinances, and regulations that is Government, State of California, and/or County of Imperial o all inspections pertaining to the issuance of this permit and			
Applicant's Name:				
Please F	Print			
Applicant's Signature:	Date:			
Owner or Authorize	ed Agent			
ENVIRONMENTAL HEALTH USE ONLY				
Approved By:	Date:			

Imperial County Public Health Department, Division of Environmental Health 797 Main Street, Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org