Solid Waste Bin Registration Form

Business Information:

Business Name (DBA):

Business Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Business Phone: _____ Cell Number: _____

Waste hauling yard location:

Owner Information:

Owner's Name:

Owner's Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Driver's License #: _____ ST: _____ E-Mail: _____

Waste Bins: (Please include greenwaste and recycling bins)

UNIT TYPES IN SERVICE	
Volume (cubic yards)	# of units
Total in Service	

AREAS OF DISTRIBUTION	
AREA (cities, unincorporated communities, etc.)	# of customers

If your organization provides (under rent/lease or other arrangements) any garbage containers or dumpster-type solid waste storage units, please submit the completed form with the required registration fee of **$382.00** to:

Imperial County Public Health Department
Environmental Health Division
1221 W. State St., Suite B
El Centro, CA 92243

Billing and Compliance Acknowledgement

INITIAL	
	I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I further understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs. I acknowledge that failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.

Office Use Only

Date: _____ Amount: _____ Amt. Type: _____ #: _____ FA #: _____ Rcvd by: _____

INITIAL	I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.

Applicant's Name: _____

Please Print

Applicant's Signature: _____ Date: _____

Owner or Authorized Agent

ENVIRONMENTAL HEALTH USE ONLY

Approved By: _____ Date: _____

Imperial County Public Health Department, Environmental Health Division
1221 W. State St., Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org