

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
797 Main Street, Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org