Business Information: Business Name (DBA):

Business Address:

ST: ZIP:

Solid Waste Bin Registration Form

City:

| Mailing Address: | | | City: | ST: | ZIP: |
|---|--------------------|------------------|---|--|-----------------------|
| Business Phone: | | | Cell Number: | | |
| Waste hauling yard locatio | n: | | | | |
| Owner Information: | | | | | |
| Owner's Name: | | | | | |
| Owner's Address: | | | City: | ST: | ZIP: |
| Home Phone: | | | Cell Phone: | | |
| Driver's License #: | | | | E-Mail: | |
| Waste Bins: (Please inclu | ıdo aroonwasto a | and rocycling hi | | - | |
| UNIT TYPES IN S | | | , | AS OF DISTRIBUTION | |
| | | ADE | AREAS OF DISTRIBUTION AREA (cities, unincorporated communities, etc.) # of customers | | |
| Volume (cubic yards) | # of units | ARE | EA (Cities, unincorpor | ated communities, etc.) | # Of Customers |
| | | | | | |
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| | | | | | |
| Total in Comice | | | | | |
| Total in Service | | | | | |
| If your organization provide storage units, please subm | | | | | pe solid waste |
| | In | | Public Health Depart ntal Health Division | tment | |
| | | | n Street, Suite B | | |
| | | | tro, CA 92243 | | |
| Billing and Compliance A | Acknowledgemer | <u>t</u> | | | |
| | ed as the OWNEF | R/OPERATOR or | n this form. I further u | nderstand that the annual I | Health Permit is non- |
| Department in writi | ing within 10 busi | ness days before | the change occurs. | or the closure of a busines I acknowledge that failure t erator is subject to facility o | o pay annual Health |
| , | | | | | |
| Office Use Only | | | | | |
| Date: Amoui | nt: A | mt. Type: | #: | FA #: | Rcvd by: |

Imperial County - Public Health Department Environmental Health Division

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

| are now or may | I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that here-in-after be in force by the United States Government, State of California, and/or County of Imperial above named business. I hereby consent to all inspections pertaining to the issuance of this permit and 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
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