

ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Services Department
2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8700
661-862-8701(fax)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change Date: _____	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Check all that apply:	<input type="checkbox"/> Medical Waste Facility Type 1(Large)	<input type="checkbox"/> Medical Waste Ambulance	<input type="checkbox"/> Sewage Pumping Facility
	<input type="checkbox"/> Medical Waste Facility Type 2 (Small)	<input type="checkbox"/> Body Art Facility	<input type="checkbox"/> Grease Pumping Facility
	<input type="checkbox"/> Medical Waste Common Storage	<input type="checkbox"/> Refuse Facility	<input type="checkbox"/> Toilet Rental Agency
	<input type="checkbox"/> Medical Waste Limited Quantity Hauler	<input type="checkbox"/> Concentrated Animal Feeding Operation	
OWNER INFORMATION			
Owner Name:			
Owner Address:			
City:		State:	Zip:
Home Phone: ()	Business Phone: ()	Fax:	
Partner(s)/Corp Name:			
Care Of:		E-Mail Address:	
Mailing Address:			
City:		State:	Zip:
FACILITY/BUSINESS INFORMATION			
Facility Name (DBA):			
Address:			
City:		State:	Zip:
Phone: ()	Alternate phone: ()	Fax: ()	
Care Of:		E-Mail Address:	
Mailing Address:			
City:		State:	Zip:
Water Provider			
BILLING INFORMATION			
Mailing Address for invoice to renew annual permit: <input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Owner Address <input type="checkbox"/> Other			
If you checked other, what is the address? _____			
Care of: _____			
Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.			
_____ Signature of Applicant	_____ Print Name	_____ Date	
PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.			

FOR OFFICIAL USE ONLY			
Program ID	PE	Date Mailed	Facility ID
Previous Owner ID	New Owner ID	Map #	Service Request #
Total Fees Paid	Received By	Date Paid	Accounting ID

FEES EFFECTIVE 08/08/2008

1. The health permit fee is based on a fiscal year. The annual health permit fee is paid at the time you open and every July of every year you are in operation. If you start your business between January and June, your permit fee is prorated, and you only pay 50% of the annual permit fee. However, each July you will pay the full annual permit fee. In addition to the permit fee, there is a one-time application fee of \$75.00.
2. Medical waste generator fixed facility Type 1 (large) means a facility which provides inpatient care at locations composed of more than one floor and/or more than two buildings, or provides outpatient care services at a facility composed of more than two buildings, and generates 200 pounds of medical waste per month in a 12-month period.
3. Medical waste generator fixed facility Type 2 (small) means a facility which may provide inpatient care at locations composed of a single level and less than three buildings, outpatient services at locations of less than three buildings, any other business which otherwise generates 200 pounds of medical waste per month in a 12-month period, or may generate less than 200 pounds per month of medical waste but uses on-site treatment of the medical waste.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT FEES

Permit Fee(s) Must be Submitted with Permit Application

DESCRIPTION		Full Permit Fee			Prorated Permit Fee		
		Application Fee	Permit Fee	Total Fees	Application Fee	Prorated Fee	Total Prorated Fees
MEDICAL WASTE							
FACILITY TYPE 1 (LARGE)	MW20	\$75.00	\$1,140.00	\$1,215.00	\$75.00	\$570.00	\$645.00
FACILITY TYPE 2 (SMALL)	MW21	\$75.00	\$900.00	\$975.00	\$75.00	\$450.00	\$525.00
COMMON STORAGE	MW14	\$75.00	\$120.00	\$195.00	\$75.00	\$60.00	\$135.00
LIMITED QUANTITY HAULER	MW15	\$75.00	\$120.00	\$195.00	\$75.00	\$60.00	\$135.00
AMBULANCE	MW16	\$75.00	\$875.00	\$950.00	\$75.00	\$437.50	\$512.50
CONCENTRATED ANIMAL FEEDING OPERATION	CA01	\$75.00	\$450.00	\$525.00			
BODY ART FACILITY	BA07	\$75.00	\$320.00	\$395.00	\$75.00	\$160.00	\$235.00
BODY ART TEMPORARY FACILITY	BA10	N/A	\$100.00	\$100.00	N/A	N/A	N/A
REFUSE FACILITY PER VEHICLE	RE03	\$75.00	\$290.00	\$365.00	\$75.00	\$145.00	\$220.00
SEPTIC PUMPER FACILITY PER VEHICLE	SE03	\$75.00	\$440.00	\$515.00	\$75.00	\$220.00	\$295.00
TOILET RENTAL AGENCY	TO03	\$75.00	\$350.00	\$425.00	\$75.00	\$175.00	\$250.00