



**COUNTY OF LOS ANGELES - PUBLIC HEALTH  
ENVIRONMENTAL HEALTH  
GARMENT INSPECTION PROGRAM**  
5050 Commerce Dr, Baldwin Park, CA 91706 (626)-430-5570  
FAX (626)-960-5019



**PUBLIC HEALTH LICENSE  
REQUIREMENTS FOR APPLICATION PROCESSING**

PLEASE BRING THE FOLLOWING DOCUMENTS. PHOTOCOPIES WILL BE ACCEPTED, BUT BE PREPARED TO PROVIDE ORIGINAL COPIES FOR ILLEGIBLE AND UNCLEAR DOCUMENTATIONS AND/OR PHOTOS.

1. If this is a Corporation: Submit **Articles of Incorporation/Organization** and **current Domestic Stock/LLC Statement of Information** form the State of California
2. **Legible Copy of Valid California Drivers License/Identification** for Owner, Partner, CEO/CFO or Agent for service of Process.
3. **Lease or Sub-Lease Agreement** (designating owner, corporation or DBA, address, square footage, start date and signature page).
4. Bring **check** (with preprinted name and address), **cash**, or **money order** to pay for the license fee. (Payable to **Los Angeles County**).
5. **No post dated check** accepted.
6. **Incomplete application will be rejected.**

PLEASE COMPLETE THE FOLLOWING INFORMATION AS ACCURATELY AS POSSIBLE. DATE: \_\_\_\_\_

TYPE OF BUSINESS:  CUTTING  SEWING  PRESSING/FINISHING  EMBROIDERY  GARMENT KNITTING  ORNAMENTATION  SILK SCREEN  
 SAMPLE MAKING  LAUNDRY/IRONING/DYEING/FLUFF-N-FOLD  WIPING RAG  PATTERN MAKERS/GRADERS  OTHER \_\_\_\_\_  
NAME OF OWNER/PRESIDENT \_\_\_\_\_ CA Driver's License \_\_\_\_\_

PARTNERS NAME (if any) \_\_\_\_\_

ARE THERE ANY OTHER BUSINESSES IN THIS UNIT/ROOM AT THIS SAME ADDRESS? NO \_\_\_\_\_ YES \_\_\_\_\_ DBA: \_\_\_\_\_

NAME OF YOUR BUSINESS (DBA) \_\_\_\_\_ CORPORATION NAME \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ ROOM# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

START DATE: \_\_\_\_\_ SQ FT OF BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NUMBER OF TOILETS AVAILABLE TO EMPLOYEES: MALE - TOILETS \_\_\_\_\_ SINKS \_\_\_\_\_ URINALS \_\_\_\_\_ FEMALE-TOILETS \_\_\_\_\_ SINKS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

REVISED 7-24-07

DEPARTMENTAL USE ONLY

DATE	SUB-DISTRICT	PROGRAM/ELEMENT	SITE NUMBER	CENSUS TRACT	LOCATION CODE	PHL #	BUSINESS CODE	REVIEWED BY
	43	31						