



County of Los Angeles – Public Health
Environmental Health
Garment Inspection Program

5050 Commerce Dr, Baldwin Park, CA 91706 Ph: (626) 430-5570, Fax: (626) 960-5019



PUBLIC HEALTH LICENSE WAIVER LETTER REQUEST FORM

Please submit the following (requests will only be processed upon receipt of all requested items):

- 1. Legible copy of a valid California Drivers License/Identification for the owner or CEO. (Faxed copies will not be accepted).
2. Non refundable fee of \$249.00
2a. Cashier's check or money order made payable to Los Angeles County. All other types of payments will not be accepted.
3. A completed waiver letter request form.

Please Complete the Following Information as Accurately as Possible

Date: _____

Type of business (check all that apply):

- Wholesale and/or Retail Design Show Room Garment Broker Labor Broker Office Activities Warehousing
Knitting Fabric Only Home-based Business Other

Name of owner/CEO: _____ CA Driver's License/Identification #: _____

Partner's name (if any): _____

Are you sharing space? No Yes If yes, provide the name of the business: _____

Name of Business (DBA): _____

Name of Corporation (if applicable): _____

Address of Business: _____ Rm./Ste.#: _____ City: _____

Zip Code: _____ Phone # (____) _____ Fax # (____) _____ E-mail Address: _____

Mailing Address: Same as business address Different from business address (write address below)

Street number and name: _____ City _____ Zip Code: _____

For Office Use Only

Date Received: _____ Date Assigned: _____ Sub-District: _____ Inspector: _____

Date Inspected: _____ Approved Denied; reason for denial: _____

PHL Waiver Request outcomes reported to (name of individual): _____ Date: _____