



**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**



REQUIREMENTS FOR WAIVER LETTER PROCESSING

PLEASE SUBMIT THE FOLLOWING:

- 1. Legible Copy of Valid California Drivers License/Identification for CEO or owner. (Faxed copies will not be accepted).**
- 2. NON REFUNDABLE FEE of \$58.00**
- 3. Cashier's check or money order made payable to Los Angeles County.** All other types of payments will not be accepted.
- 4. DO NOT SUBMIT PAYMENT FOR HOMEBASED BUSINESSES.**
- 5. Request will be processed upon payment.**

PLEASE COMPLETE THE FOLLOWING INFORMATION AS ACCURATELY AS POSSIBLE.

DATE _____

Check what's applicable:

- WHOLESALE/RETAIL DESIGN SHOWROOM GARMENT/LABOR BROKERS OFFICE ACTIVITIES WAREHOUSING KNITTING FABRIC ONLY
 OTHER _____ HOMEBASE (ONLY FOR OFFICE ACTIVITIES CONDUCTED INSIDE RESIDENCE)

NAME OF OWNER/PRESIDENT _____ CA Driver's License _____

PARTNERS NAME (if any) _____

ARE YOU SHARING SPACE? YES ___ NO ___ IF YES, WHICH COMPANY: _____

NAME OF YOUR BUSINESS(DBA) _____ NAME OF CORPORATION _____

BUSINESS ADDRESS: _____ ROOM # _____ CITY _____ ZIP CODE: _____ PHONE NUMBER (____) _____

Fax Number (____) _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

Office use only Date Processed: _____ Sub-District: _____ Inspector/ Date: _____

Person Contacted: _____ Approved
 Date Inspected: _____ Not Approved Reason: _____