

ENVIRONMENTAL HEALTH DIVISION

2700 M Street, Suite 300, Bakersfield, CA 93301

Phone # (661) 862-8740 Fax (661) 862-8701

Email EH@KernCounty.com

ANNUAL HEALTH PERMIT APPLICATION PUMPER VEHICLES AND SEPTIC SYSTEMS

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change	<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"/> Sewage Pumps <input type="checkbox"/> Grease Pumps <input type="checkbox"/> Toilet Pumps <input type="checkbox"/> Septic System			

OWNER INFORMATION

Company Name:	_____		
Company Address:	_____		
City:	_____	State: _____	Zip: _____
Home Phone: () _____	Business Phone: () _____	Fax: () _____	
Owner Name:	_____		
Care Of:	_____	E-Mail Address: _____	
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____

MAILING INFORMATION

Company Name:	_____		
Address:	_____		
City:	_____	State: _____	Zip: _____
Phone: () _____	Alternate phone: () _____	Fax: () _____	
Care Of:	_____	E-Mail Address: _____	
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____

BILLING INFORMATION

Mailing Address for invoice to renew annual permit: Company Mailing Address Owner Mailing Address Other

If you checked other: Name _____, Care of: _____

City: _____ State: _____ Zip: _____

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