

**COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH
3880 LEMON STREET SUITE 200
RIVERSIDE, CA. 92501
TELEPHONE: (951) 955-8980 FAX: (951) 781-9653
INDIO OFFICE
TELEPHONE: (760) 863-7570 FAX: (760) 863-8303**

ORDINANCE 712 PERMIT APPLICATION FORM

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

OWNER: _____ FAX # _____ TELEPHONE# _____

PURSUANT TO SECTION 2500 ET SEQ OF THE CALIFORNIA HEALTH AND SAFETY CODE AND RIVERSIDE COUNTY ORDINANCE 712, APPLICATION IS HEREBY MADE TO CARRY ON THE BUSINESS OF COLLECTION, TRANSPORTATION AND REMOVAL OF LIQUID WASTES, ANIMAL BY-PRODUCTS, AND SLUDGE AND TO DISPOSE OF THE WASTES THEREFROM AT A FACILITY AND BY A METHOD APPROVED BY THE HEALTH OFFICER FOR THE YEAR OF _____

NAME AND NUMBER OF EACH MEMBER OF THE BUSINESS AND THEIR RELATIONSHIP TO THE BUSINESS

NAME	ADDRESS	RELATIONSHIP

IF A CHANGE OF OWNERSHIP AND/OR BUSINESS HAS OCCURRED WITHIN THE PAST YEAR, PLEASE WRITE THE NAME OF THE PREVIOUS OWNER/OR BUSINESS IN THE SPACE PROVIDED BELOW

PREVIOUS OWNER: _____

EFFECTIVE DATE OF TRANSFER: _____

PREVIOUS BUSINESS NAME: _____

FEE SCHEDULE

FIRST LIQUID WASTE VEHICLE	=	
FOR EACH ADDITIONAL ACTIVITY		
EACH VEHICLE AFTER THE FIRST (1ST) VEHICLE	X #	= _____
MAINTENANCE FACILITY	X #	= _____
LAVATORY CART (airports)	X #	= _____
REGISTRATION TAG (DECAL) REPLACEMENT	X #	= _____
PENALTY FEE		= _____
TOTAL AMOUNT DUE		= _____

PURSUANT TO RIVERSIDE COUNTY ORDINANCE 640 AND ITS AMENDMENTS, THE ANNUAL FEES SHALL BE INCREASED BY 20% OF NORMALLY DUE IF AN APPLICATION FOR A PERMIT OR RENEWAL IS MADE MORE THAN 30 DAYS AFTER THE DATE SUCH PERMIT IS REQUIRED, AND IF THE APPLICANT FOR A PERMIT OR PERMIT RENEWAL IS MADE MORE THAN 60 DAYS AFTER THE DATE SUCH PERMIT IS REQUIRED, THE APPLICANT SHALL PAY AN ADDITIONAL FEE OF 100% OF THE FEES NORMALLY DUE.

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ORDINANCE 712 PERMIT
APPLICATION FORM (CON'T)

LIST CITIES & COUNTIES IN WHICH YOU CURRENTLY OPERATE:

LIST DISPOSAL SITES YOU CURRENTLY USE:

IF DISPOSAL SITE IS ON PRIVATE LAND, WRITE NAME AND ADDRESS OF OWNER:

IF STORAGE TANK/FACILITY IS USED, WRITE LOCATION:

TYPE OF SERVICE PROVIDED: GREASE SEPTIC PORTABLE TOILET
 INDUSTRIAL ANIMAL BY-PRODUCTS SLUDGE

ATTACH THE FOLLOWING DOCUMENTS AS APPLICABLE:

1. A CLEARANCE FROM THE LAND DEVELOPMENT SECTION OF THIS DEPARTMENT FOR THOSE PERMITEES IN RIVERSIDE COUNTY WHO INTEND TO OPERATE AN INTERMEDIARY STORAGE TANK LOCATED BELOW THE SURFACE OF THE GROUND.
2. PERMITEES AUTHORIZED TO PROVIDE AND SERVICE PORTABLE TOILETS SHALL PROVIDE MATERIAL SAFETY DATA SHEETS FOR ALL DEODORIZING/SANITIZING ADDITIVES.
3. LETTERS OF RECOMMENDATIONS AND EXPERIENCES SHALL BE SUBMITTED BY NEW PERMITTEE (NOT RENEWALS)
4. SUBMIT A COPY OF THE CERTIFICATE OF INSPECTION FROM A DIVISION OF WEIGHTS AND MEASURES OR SIMILAR AGENCY FOR EACH VEHICLE LISTED ON THE VEHICLE INFORMATION SHEET.

WE AGREE TO ABIDE BY ALL CONDITIONS, ORDERS, AND DIRECTIVES ISSUED PURSUANT TO THIS PERMIT IF GRANTED FOR THE BUSINESS LISTED ABOVE ON THE CONDITION THAT THE PERSON NAMED IN THE PERMIT WILL COMPLY WITH THE LAWS, ORDINANCES, AND REGULATIONS THAT ARE NOW OR MAY HEREAFTER BE IN FORCE BY THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, AND THE COUNTY OF RIVERSIDE PERTAINING TO THE ABOVE MENTIONED BUSINESS. I HEREBY CERTIFY THAT ALL ENTRIES MADE BY OR UNDER MY DIRECTION IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

TITLE

ORDINANCE 712 PERMIT APPLICATION FORM (CONT.)

VEHICLE INFORMATION

YEAR	MAKE	MODEL	LICENSE NUMBER	TANK CAP.	VIN NO.	FOR OFFICE USE ONLY

INDICATE TRUCKS APPROVED BY THE STATE TO HAUL HAZARDOUS WASTE IN ADDITION TO NON-HAZARDOUS WASTE WITH AN ASTERISK (*).

VEHICLES REGISTERED WITH THE STATE AS HAZARDOUS WASTE HAULING VEHICLES WILL BE EXEMPT FROM LOCAL REGISTRATION FEES UNDER RIVERSIDE COUNTY ORDINANCE 540. HOWEVER, THE FOLLOWING DOCUMENTATION WILL BE REQUIRED TO QUALIFY FOR THIS EXEMPTION FOR EACH PARTICULAR VEHICLE:

- 1. A COPY OF THE HAZARDOUS WASTE HAULER REGISTRATION ISSUED BY THE DEPARTMENT OF HEALTH SERVICES.
- 2. A COPY OF THE VEHICLE SAFETY REPORT ISSUED BY THE DEPARTMENT OF TRANSPORTATION.

**Mail completed application with payment check or money order to:
County of Riverside Department of Environmental Health
Attn: Environmental Protection and Oversight Division
P.O. Box 7909 Riverside, CA 92513-7909
Phone: (951) 358-5055**