

## County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

PR# \_\_\_\_\_

## **Department of Environmental Health**

P.O. Box 7909 Riverside, CA 92513-7909

PE#	 	 	
SR#			

OCR#\_\_\_\_\_

## APPLICATION TO OPERATE A POULTRY RANCH

Riverside County Code 4.52 and the California Health and Safety Code

THIS APPLICATION IS FOR:	[ ] NEW OPERATION [ ] ANNUAL RENEWAL						
TYPE OF FACILITY	PER FACILITY FEE	# OF FACILITIES	TOTAL	FEES			
POULTRY RANCH PERMIT	\$1,036.00 X	=	\$				
TRANSFER FEE	\$10.00 X	=	\$				
	TOTAL DUE: \$						
NAME OF OWNER:	FACILITY						
FACILITY LOCATION:	CIT	Y:	STATE:	_ZIP:			
PROPERTY MANAGEMENT:							
BILLING ADDRESS:	CIT	Y:	STATE:	_ZIP:			
E-MAIL ADDRESS:							
PREVIOUS NAME OF ESTABLISHMENT AT THIS LOCATION(S) (IF ANY):							
DATE YOU PLAN TO OPEN:	DID YOU	OPERATE THIS BUSI	NESS LAST Y	EAR?			
NUMBER OF CHICKENS AT LOCATIO	N:						
WHEN DID YOU TAKE OVER AS A NEW OWNER?							
Please submit payment <u>WITH YOUR APPLICATION</u> . Permit fees may be paid with <u>cash</u> , or a <u>check</u> or <u>money order</u> payable to <b>Riverside County Department of Environmental Health</b> .							
RIVERSIDE COUNTY ORDINANCE 565 REQUIRES A PERMIT FOR ALL POULTRY RANCHES TO OFFSET THE EXPENSES OF ENFORCING THE AGRICULTURE SOLID WASTE MANAGEMENT STANDARDS, RELATING TO THE STORAGE HANDLING AND DISPOSAL OF WASTE MATERIALS GENERATED AS A RESULT OF THE OPERATION OF A COMMERCIAL POULTRY RANCH, AS SET FORTH IN TITLE 14, CALIFORNIA ADMINISTRATIVE CODE, SECTION 17820, ET SEQ.							
AN ENVIRONMENTAL HEALTH PERMIT APPROVE POULTRY RANCH. YOU ARE NOT AUTHORIZED TO PERMIT IS NOT APPLIED FOR OR NOT RENEWED THE PERMIT, A PENALTY FEE OF 20% WILL BE AUDIT RENEWED WITHIN SIXTY (60) DAYS OF THE DADDED TO THE PRICE OF THE PERMIT. PERMITS A	O OPERATE UNTIL ALL APPROVALS WITHIN THIRTY (30) DAYS OF THE D DDED TO THE PRICE OF THE PERMI DATE OF OPENING OR THE EXPIRATION	HAVE BEEN OBTAINED. IN T PATE OF OPENING THE POUT T. IF THE ENVIRONMENTAL	THE EVENT THE E TRY RANCH OR T HEALTH PERMIT	INVIRONMENTAL HEALTH HE EXPIRATION DATE OF IS NOT APPLIED FOR OR			
I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE THE ABOVE FACILITY OR FACILITIES.							
DATE: OWNER	/OPERATOR:s	SIGNATURE	DRIVE	S LICENSE#/ EXP. DATE			
BUSINESS TELEPHONE:	HOM	ME TELEPHONE:					

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org