

COLLECTION VEHICLE YARD PERMIT APPLICATION

Type of Application <input type="checkbox"/> 1. New Permit <input type="checkbox"/> 2. Revision of Permit <input type="checkbox"/> 3. Modification of Permit <input type="checkbox"/> 4. Exemption of Permit	FOR ENFORCEMENT AGENCY USE ONLY	
	Permit #	
	Date Received	Filing Fee

General Description of Facility	Business/Facility Name		Onsite Facility Contact
	Facility Address/Location		Telephone/Fax
	24 Hour Contact/Name		Telephone
	Days and hours of operation	# of Collection Vehicles (LAMC 66.16.2.)	
	Describe any sorting activities performed onsite.		
	Attach plot plan depicting onsite structures, improvements and vehicle locations (can be hand drawn)		

Operator Information	Owner of Land (Name)	Address	Telephone/Fax
	Operator (Name)	Address	Telephone/Fax
	Address where legal notice may be served.		

I hereby acknowledge that I have read this application and certify that the information given is true and accurate to the best of my knowledge and belief. In operating the collection vehicle yard, I agree to comply with the conditions of the permit and with the federal, state, and local enactments.

Signature (Land Owner or Agent)		Signature (Operator or Agent)	
Typed Name		Typed Name	
Title	Date	Title	Date

Applicant shall notify the LEA within seven working days if information presented herein changes.