Application for Solid Waste Health Permit
(Ventura County Ordinance Code, Section 4702)

Instructions to Applicant:
1. Complete all of the information below.
2. Once this application is approved, you will be invoiced annually for this health permit.

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Solid Waste Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ New Operation, Facility, or Collector</td>
<td>Check all that apply to your project</td>
</tr>
<tr>
<td>___ Change of Information</td>
<td>___ Landfill</td>
</tr>
<tr>
<td>___ Change of Ownership</td>
<td>___ Compost Operation</td>
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<tr>
<td></td>
<td>___ Refuse Vehicles</td>
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<tr>
<td></td>
<td>___ Transfer/Processing Facility</td>
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<tr>
<td></td>
<td>___ Chipping and Grinding Operation</td>
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<tr>
<td></td>
<td>___ Construction &amp; Demolition Debris</td>
</tr>
</tbody>
</table>

Operation/Facility Name__________________________________________________
Business Name (DBA) ___________________________________________________
Business Owner  ________________________________
Site Address  _______________________________________________________

Telephone  _______________________________________________________
Billing Address  ___ Same as Site Address
                                ___ Other  ________________________________

Contact Person  ________________________________
Contact Telephone  ________________________________  FAX #  ________________________________
Contact Email  _______________________________________________________

I hereby certify that I am the owner or authorized representative of the above business and that all statements are true to the best of my knowledge.

Signature  ________________________________  Date  ________________________________

FOR OFFICE USE ONLY

___ Landfill  PE 6303  ___ Chipping & Grinding Operation  PE 6315
___ Transfer/Processing Facility  PE 6301  ___ Construction & Demolition Debris  PE 6306
___ SW Collection Refuse Vehicles  PE 6322  ___ New Site or Facility Health Permit  PE 6302
___ SWF Tonnage Fee  CHOOSE Monthly  ___ PE 6319  OR  Quarterly (for Collectors)  ___ PE 6321

Bill Month:  ________________________________  LEA Review by:  ________________________________
LEA Review Date:  ________________________________

FA#  ________________________________  AR#  ________________________________  Invoice #  ________________________________
Date Entered  ________________________________  By  ________________________________