



**Inyo County**  
 ENVIRONMENTAL HEALTH DEPARTMENT  
 1360 North Main Street, Suite 228  
 Bishop, CA 93514

TELEPHONE: 760-878-0238  
 Email: inyoehd@inyocounty.us  
 www.inyocounty.us/EnvironmentalHealth

**APPLICATION FOR PERMIT TO OPERATE  
 SEWAGE DISPOSAL PUMPER VEHICLE**

<b>FACILITY</b>	Business Name (DBA) _____ Phone ( ) _____
	Mailing Address _____ City _____ State _____ Zip _____
<b>BILL</b>	Billing Name _____ Phone ( ) _____
	Billing Address _____ City _____ State _____ Zip _____
<b>OWNER</b>	Owner Name _____ Phone ( ) _____
	Address (home or office) _____ City _____ State _____ Zip _____

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

RECEIPT #
AMOUNT
DATE PAID

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all Federal, State and local laws now in force or which may hereafter be enacted and in force pertaining to this business.

Signed \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

New Facility

**OFFICIAL USE ONLY**

Change of Ownership

Previous Name of Facility/Ownership: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

VEHICLE LIC. #: \_\_\_\_\_ MODEL #: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

APPROVED

DISAPPROVED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_