

San Joaquin County Environmental Health Department

DATE

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MASTER FILE RECORD INFORMATION "MFR"

GREEN FORM

SHADED AREAS FOR EHD USE ONLY

OWNER ID#

CASE #

UNIT IV

OWNER FILE

COMPLETE THE FOLLOWING PROPERTY OWNER INFORMATION:

CHECK IF OWNER CURRENTLY ON FILE WITH EHD

| | | | | |
|------------------------------|-----------|-------------|---------------------------|------------|
| PROPERTY OWNER NAME | | | PHONE | |
| <i>First</i> | <i>MI</i> | <i>Last</i> | | |
| BUSINESS NAME | | | SOC SEC / TAX ID # | |
| Owner Home Address | | | DRIVER'S LICENSE # | |
| City | | | STATE | ZIP |
| Owner Mailing Address | | | | |
| Mailing Address City | | | State | Zip |

TYPE OF OWNERSHIP

| | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| CORPORATION <input type="checkbox"/> | INDIVIDUAL <input type="checkbox"/> | PARTNERSHIP <input type="checkbox"/> | FED AGENCY <input type="checkbox"/> | OTHER <input type="checkbox"/> |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------|

FACILITY FILE

| | | | |
|----------------------|-----------------------|---------------------|-------------|
| FACILITY ID # | CROSS REF ID # | ACCOUNT ID # | INV# |
|----------------------|-----------------------|---------------------|-------------|

COMPLETE THE FOLLOWING BUSINESS / FACILITY / SITE INFORMATION:

| | | | |
|--|----------------------|---|-----------------------------|
| Is this a NEW Business LOCATION not previously regulated by the ENVIRONMENTAL HEALTH DEPT.? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is this an EXISTING Business LOCATION but a NEW TYPE of regulated Business? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| BUSINESS/FACILITY/SITE NAME | | | |
| SITE ADDRESS | | SUITE # | BUSINESS PHONE |
| CITY | | STATE | ZIP |
| BOARD OF SUPERVISOR DISTRICT | LOCATION CODE | KEY1 | KEY2 |
| Mailing Address if DIFFERENT from Facility Address | | Attention: or Care Of (optional) | |
| Mailing Address City | | STATE | ZIP |
| SIC CODE | APN# | COMMENT: | |

THIRD PARTY BILLING INFO: Complete if Billing Party is different from Property Owner or Facility Operator identified above.

| | |
|------------------------|---|
| BUSINESS NAME | Attention: or Care Of (optional) |
| Mailing Address | PHONE |
| CITY | STATE ZIP |

| | | | |
|---|--------------|--------------------------|----------------------------|
| ACCOUNT ADDRESS for fees and charges | OWNER | FACILITY/BUSINESS | THIRD PARTY BILLING |
|---|--------------|--------------------------|----------------------------|

BILLING AND COMPLIANCE ACKNOWLEDGMENT: I, the undersigned Applicant, certify that I am the *Owner, Operator, or Authorized Agent* of this Business, and I acknowledge that all *PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES and/or HOURLY CHARGES* associated with this operation will be billed to me at the address identified above as the ACCOUNT ADDRESS for this site. I also certify that all information provided on this application is true and correct; and that all regulated activities will be performed in accordance with all applicable SAN JOAQUIN COUNTY Ordinance Codes and/or Standards and STATE and/or FEDERAL Laws and Regulations. As the undersigned owner, operator, or agent of the property located at the above facility/site address, I hereby authorize the release of any and all results and environmental assessment information to SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

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| APPLICANT NAME | PLEASE PRINT | SIGNATURE |
| TITLE | | DRIVER'S LICENSE # (PHOTOCOPY REQUIRED) |

| | | | |
|--------------------|-------------|--|-------------|
| Approved By | Date | Accounting Office Processing Completed By | Date |
|--------------------|-------------|--|-------------|