## **RECORD UPDATE FORM**

## CONFIDENTIAL DEDARTMENT LISE ONLY NOT FOR BURLLO DISCLOSURE

CONFIDENTIAL-DEPARTMENT	T USE ONLY-NOT FOR PUBLIC DISCLOSURE	DATE:				
( ) ESTABLISHMENT ( ) PERMIT ( ) PLAN CHECK ( ) OWNER/ CONT	TACT ( ) CHANGE OWNERSHIP ( ) CHANGE I	NFORMATION ( ) CLOSE				
Note: Owner must apply in person with valid identification card. If owner in Notary, or alternatively, an Authorized Agent form may be submitted. Con		be notarized by Licensed				
Establishment (Site) Information:						
Business Name:	Street Address:					
Business Phone:	City and Zip:					
Business Entity Type: (e.g. sole proprietor, corporation, etc.)	APN (for all fixed facilities):					
Owner Mail-to Information:						
Owner's Name:	Mailing Address:					
Organization Name:	City and Zip:					
Contact Phone:	E-Mail Address:					
FAX #:	Driver's License or Identification Card Number or Da	te of Birth:				
Confirm name given matches name on DL. If not, indicate name on DL here:						
Other Contact Information:	T					
Name:		FAX:				
Home Address:	E-Mail Address:					
Contact Type:	Driver's License or Identification Card Number or Da	ate of Birth:				
Confirm Name given matches name on DL. If not, indicate name on DL here:						
If contact type is Certified Food Handler include expiration date:	( ) I understand a Certified Employee must be on issuance and will comply with this requirement	ı site within 60 days of permit				
If Vendor, what event is this permit to be associated with:						
I AM THE OWNER OR AUTHORIZED AGENT OF THE BUSINESS ENTITY OPERATING THE ESTABLISHMENT DESCRIBED ABOVE. I AM AUTHORIZED TO BIND THE BUSINESS ENTITY. I OBLIGATE THE BUSINESS ENTITY TO OPERATE THE ESTABLISHMENT IN COMPLIANCE WITH THE STATE AND LOCAL LAWS AND ORDINANCES PERTINENT TO ITS PERMITTED OPERATION AND AUTHORIZE INSPECTION OF THE ESTABLISHMENT BY REPRESENTATIVES OF THE NAPA COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT FOR SUCH COMPLIANCE. I ACKNOWLEDGE THAT THE PAYMENT OF AN ANNUAL FEE IS NECESSARY FOR A PERMIT TO OPERATE AND OBLIGATE THE BUSINESS ENTITY TO PAY FOR SUCH PERMIT. I ACKNOWLEDGE THAT PERMITS, WHEN ISSUED, ARE VALID UNTIL THE NEXT RENEWAL DATE OR UNTIL SUSPENDED OR REVOKED. I ACKNOWLEDGE THAT A PERMIT IS NOT TRANSFERRABLE.  I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.						
Print Name (Owner)/Capacity to Sign	Signature	Date				
OFFICE USE ONLY (Inspector to fill out the information below and back of	of form)					
If existing establishment:						
Establishment ID Number: Permit ID Number:	Contact / Owner ID Number:					
HMBP Only: Fire Agency: SIC Code: Business Activity:						

If this is a new permit for an existing billing owner (formerly MF), search for existing owner ID (formerly MF) and if so, use that number.	r this Owner in Owner/Contact manager.	If none exists, write NEW. If found, de	termine if this facility should be added to an			
District Number		Location Code*				
( ) 1 South County	( ) 1= Unincorporated					
( ) 2 Mid-County ( Mid/East- County for L.U.)	( ) 2 = Calistoga	( ) 4= St. Helena				
( ) 3 North County	( ) 3 = Napa City	( ) 5= Yountville				
	( ) 9 = Unclassified Food (Vehicle or other)	( ) 6= American Canyon				
Stormwater: If this is for a permit for location code 1, 2, 3 or 6 you may also assess the associated stormwater permit fee						
*Using GIS, enter site address, select Environmental Management Staff, scroll to bottom for Tax Rate Area Code-one preceding "0" = unincorporated, two (00) = a city						

PERMIT TYPE &FEE CATEGORY	√	PERMIT TYPE &FEE CATEGORY	√	PERMIT TYPE &FEE CATEGORY	√	FEE CATEGORY TYPE: DEMAND SERVICE	
POLLUTION PREVENTION TEAM		CONSUMER PROTECTION TEAM		LEA TEAM		POLLUTION PREVENTION TEAM	
AST		Fixed Food		Medical Waste		CalARP - New Site Administrative Review	
Permit Exempt >1320		B&B No Well		Body Piercing-Person		Contaminated Site, Non-LOP	
Permit >1320 -10,000 -Tier II		B&B with Well		Body Piercing-Site		Hazardous Waste Facility Plan Check	
Permit >1320 -10,000 -TierI						,	
Permit>10000-100000 <b>OR</b> NonQual		High Risk (insp. freg. 120 days)		Doctor Associated w/Facility		HMBP Plan Check	
Cal ARP		Medium Risk (insp. freq. 180 days)		LQG No Treatment		UST	
Administrative Review		Low Risk (insp. freq. 365 days)		LQG w/Treatment		Installation Plan Check (Flat Fee Per Tank)#	
EHS Material>Fed. Stand.		Schools-Satellite facility		Med Waste Transfer Station		Installation Inspection (3 Hours min/Tank)	
EHS Material < Fed > State		Out-of-County Caterer		SQG CSF No Treatment		Closure Plan Check (Flat Fee)	
HMBP		Stormwater with Food		SQG No Treatment		Closure Inspection (3 Hour Minimum)	
		Temporary Food		SQG Self Hauler		Major Repair Plan Check (Flat Fee)	
>20000 Units		Organizer Temp Event/Market		SQG w/Treatment		Major Repair Insp (3 Hour Minimum)# Hours	
1000-20000 Units		Low Risk		Transporter-Limited Quantity		Minor Repair Plan Check (Flat Fee)	
Aboveground fuel only		Hiah Risk				Minor Repair Insp (3 Hour Minimum)# Hours	
Inert Gas Exemption		Non-profit, > 1-day		LAND USE TEAM		Consultation (Per Hour) # Hours	
Remote Unstaffed Facility		Farmers' Market Booth		Liquid Waste		CONSUMER PROTECTION TEAM	
HMBP w/ UST's Only		Mobile Food		ASTS With Service Provider		Food Plan Check	
Propane/Butane <1000 gal		Low Risk Vehicle		ASTS w/o Service Provider		High Risk	
Hazardous Waste		High Risk Vehicle		Holding Tank		Medium Risk	
<= 27 gal/mo (220 lbs)		Water		Winery Only Pond		Low Risk	
>= 27 gal.mo (220 lbs)		CalCode System		Subsurface >1500 gal		Resubmittal	
Conditionally Authorized		Hand Wash Exemption		Pumper Truck		Minor Remodel	
Conditionally Exempt		Small Community					
LQG >= 2200 lbs		State Small				Pool Plan Check	
Permit By Rule		Transient Non-Community				Minor Remodel	
Remote Consolidation		NTNC				New or Major Remodel	
Satellite Accumulation		Pool				Water Systems	
LQ TWW		Spa Pool				New & Major Remodel NTNC & Community	
SQ TWW		Swimming Pool				New & Major Remodel TNC,SS, HW, CalCode	
Certified Appliance Recycler		MHP				Minor Remodel	
LQ Universal Waste Gen.		2-19 #MHP #camp					
SQ Universal Waste Gen.		20-49 #MHP #camp				LAND USE TEAM	
CESQ Universal Waste Gen.		50-99 #MHP #camp				Monitoring Well	
UST		100-249 #MHP #camp				Installation (first well)	
Number ID#		250-499 #MHP #camp	1			Additional Wells # wells	
Ag/Home Heating Oil		500+ #MHP #camp	1			Destruction	
Stormwater		Labor Camp # beds	1			Soil Boring	
CUPA Facility		, 2000 <u></u>	1		1	First six wells	+
SWPPP Facility			1			Additional Wells # wells	
2					1		

Staff Signature: Date:		Ok to issue ( ) Yes ( ) No	DOUBLE FEES (	)		
Waive Fee ( )	Reason:	( ) Vet Exempt (	) Non-Profit ( ) Government		•	•