



**GOVERNMENT OF GUAM  
DIVISION OF ENVIRONMENTAL HEALTH  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**



# APPLICATION FOR CHEMICAL TOILET PERMIT

<b>PART I: APPLICATION STATUS</b>	<b>PART II: CHANGE OF OWNER AND/OR NAME</b>
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Amendment	<input type="checkbox"/> Change of Owner/Management Previous Owner: _____ <input type="checkbox"/> Establishment Name Change Previous Name: _____

### PART III: GENERAL INFORMATION

<b>1. Applicant</b> Name: _____ Mailing Address: _____ _____ Telephone No.: _____ Email: _____	<b>3. Current Number of Chemical Toilets in Possession</b> _____ <b>4. Type(s) of Disinfectant to Be Used</b> a. _____ b. _____ c. _____												
<b>2. Establishment Information</b> DBA Name: _____ Company Name: _____ Mailing Address: _____ Physical Address: _____ _____ Telephone No.: _____ Fax No.: _____ Email: _____ Expected Number of Employees: _____ Projected Opening Date: _____	<b>5. Frequency for Chemical Toilets to be Serviced</b> _____ <b>6. Location for Disposal of Chemical Toilet Wastes</b> _____ _____ <b>7. Name of Person Responsible for Chemical Toilet Operation</b> _____ <b>8. Type of Owner</b> <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietorship												
<b>9. Legal Owner(s) or Officers</b> (If more space is needed, please attach additional paper)													
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%; text-align: center;">NAME</th> <th style="width:33%; text-align: center;">TITLE</th> <th style="width:33%; text-align: center;">MAILING ADDRESS</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		NAME	TITLE	MAILING ADDRESS	_____	_____	_____	_____	_____	_____	_____	_____	_____
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I attest that the information provided is accurate and I understand that the issuance of the Chemical Toilet Permit is contingent upon compliance with Title 10 GCA, DIV. 2, Part I, and applicable rules and regulations, and after the permit is issued, it may be suspended or revoked for failure to comply with the provisions of Title 10 GCA, applicable rules and regulations, and the restrictions given below. Payment may be made by cash or check payable to "Treasurer of Guam." Failure to pick-up and post your Chemical Toilet Permit may cause your permit to be suspended.

**THE SUBMISSION OF THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO BEGIN ITS OPERATION.**

SIGNATURE OF APPLICANT	DATE
<b>DEH USE ONLY</b>	
<b>Category:</b> <u>Chemical Toilet Establishment</u>	
<b>Area No:</b> _____	
<b>Restrictions:</b> _____	
<b>Establishment ID No.:</b> _____ <b>Chemical Toilet Permit No.:</b> _____ <b>FEE: \$500.00</b>	
SIGNATURES	
<b>DEH OFFICIAL:</b> _____	
<b>CHIEF EPHO, DEH:</b> _____	
DATE	