



CITY of CALABASAS

**PUBLIC WORKS DEPARTMENT  
Environmental Services**  
100 Civic Center Way  
Calabasas, CA 91302-3172  
T: 818.224.1600 F: 818.225.7338  
<http://www.cityofcalabasas.com/>

**2024 APPLICATION FOR MOBILE CAR WASH OPERATIONS PERMIT**

***"No person shall engage in, conduct or carry on mobile commercial washing in the city without first obtaining and maintain a permit issued pursuant to this chapter" - Calabasas Municipal Code Chapter 8.30***

|   |              |              |
|---|--------------|--------------|
| Company Name/DBA:<br>(Please Print)   |              |              |
| Form of Organization:<br><input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other              |              |              |
| President / Owner / General Manager:<br>(Please Print)  |              |              |
| Primary Contact's Name:<br>(Please Print)   |              |              |
| Mailing address:<br>(Please Print)  |              |              |
| Phone:  | Mobile:      | Fax:         |
| Email Address:  |              |              |
| Number of Cleaning Unit (s) Applying for Under This Permit:   |              |              |
| Address of Vehicle Storage Yard:<br>(Please Print)  |              |              |
| Type of Mobile Cleaning Provided:<br><input type="checkbox"/> Car Washing <input type="checkbox"/> Detailing <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Steam Cleaning |              |              |
| Names and Addresses of Waste Water Discharge Facilities Being Used by the Applicant:  |              |              |
|   |              |              |
|   |              |              |
| Have you ever been convicted of any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> NO<br>If yes, please explain:  |              |              |
|   |              |              |
| List of other jurisdictions that the applicant operates under permit  |              |              |
| Jurisdiction  | Contact Name | Phone Number |
|   |              |              |
|   |              |              |
|   |              |              |

**Vehicle Information**

| Vehicle Make and Model | Year | License Plate Number | Ownership  |
|------------------------|------|----------------------|--|
|                        |      |                      | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |
|                        |      |                      | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |
|                        |      |                      | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |
|                        |      |                      | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |

Please enclose the following items with the application form:

- Application fee:
  - Permit Application Fee: ..... \$170.00
  - Certificate Fee per Operating Unit: ..... \$71.00 X \_\_\_\_\_ (number of units)
 (Please make check payable to the City of Calabasas) TOTAL: \$ \_\_\_\_\_
  
- Copy of a performance or cash bond in the amount of \$10,000  
(See Section 8.30.80 of the Calabasas Municipal Code for details)
  
- Copy of Business Owner's California Driver License and Proof of Address. Other states' driver's licenses are NOT acceptable.

**Certification**

I acknowledge having read and reviewed the requirements of Calabasas Ordinance 2008-251. I hereby certify that the statements furnished in this application and the attachments are true and correct to the best of my knowledge and belief. In addition, I understand that the City of Calabasas may request additional documents for clarification. **I understand that the sign(s) and operation certificate(s) is/are the property of the City of Calabasas and will return them to the City if I decide to discontinue my operations in Calabasas.** I understand that my permit expires on September 30, 2025.

|                              |  |                                |
|------------------------------|--|--------------------------------|
| Signature of Business Owner: |  | Name ( <i>print or type</i> ): |
|                              |  | Title:                         |
|                              |  | Date:                          |

**Permit applicant is required to demonstrate cleaning operations on a city-owned vehicle at the City Hall prior to issuance of the Permit. Please contact the Environmental Services for a demonstration appointment.**

**To be completed by City Staff**

|   |                             |
|---|-----------------------------|
| Cleaning Demonstration Date:  | Type of Cleaning Operation: |
| Problems Observed:  |                             |
| Staff Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Pending |                             |
| Permit No.  | Certificate Number(s):      |
| Date Issued:  | Expiration Date:            |
| Notes:  |                             |