**You’ve got to help! See that guy over there? He’s the new government inspector and he says he’s going to shut us down because we don’t have a valid operating permit. We can’t shut down—we need to keep operating so we can save Doctor When!**

**I thought we took care of this permit long ago. First I tried to fill out the five required forms myself…but you know how impossible government forms are to fill out.**

**So Doctor When took the forms from me, filled them out, and met with the old inspector. He assured me everything was all taken care of…and if there was ever any problem to just refer to the forms he filed.**

**Now this new guy shows up…says he doesn’t know anything about what the old guy did…and that our forms aren’t valid! I looked at them and he’s right: the Doctor only partially filled them out!**

**Will you please look at the forms and fix this mess? You can submit forms to the inspector for his approval.**

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **OPERATING PERMIT APPLICATION**Form 7644 |

|  |  |
| --- | --- |
| Company Name | Approval Stamp |
| Company Contact |
| Company Address |
| City | State |

**Instructions**

Operating permits will only be granted to businesses whose worker schedules conform to Department of Labor regulations.

Enter the proposed schedule of six workers (rows) over the six work shifts (columns). The row headings indicate the duration of each worker’s shift. The column headings indicate how many workers must be on duty each shift. For example, “1 3” indicates that four workers total must be scheduled, in a group of 1, at least one blank row, and then three contiguous workers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 3 | 1 1 1 | 0 | 1 1 1 | 2 2 | 0 |
| 4 |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |

**Filing Instructions**

Permanently attach the original approved Sanitation Procedure Application and Utility Right-Of-Way Permit Application to this form before submitting to the Inspector.

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **SANITATION PROCEDURE APPLICATION**Form 7782 |

|  |  |
| --- | --- |
| Company Name | Approval Stamp |
| Company Contact |
| Company Address |
| City | State |

**Instructions**

Department of Health and Safety regulations require that each of the seven mandated sanitation processes 1 – 7 be performed once (and only once), starting with any process and finishing with any other process, in any order, except that each process may only be preceded and followed by certain other processes as indicated in the graphic:



Specify your company’s proposed ordering of the seven sanitation processes in the box below.

|  |
| --- |
|  |

**Filing Instructions**

Permanently attach the original approved Environmental Impact Permit Application to this form before submitting to the Inspector.

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **UTILITY RIGHT-OF-WAY PERMIT APPLICATION**Form 8400 |

|  |  |
| --- | --- |
| Company Name | Approval Stamp |
| Company Contact |
| Company Address |
| City | State |

**Instructions**

New buildings will only be approved if they do not interfere with their neighbors’ utility right-of-ways. Describe your company’s proposed plan for connecting each building to each of the three utilities with the restrictions that none of the nine connections may cross any of the others and that all of the connections must be direct building-to-utility. The proposal may be described by drawing lines on the diagram below between the buildings and the utilities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Left Neighbor Building |  | Applicant’s Building |  | Right Neighbor Building |
|  |  |  |  |  |
| Water Utility |  | Natural Gas Utility |  | Electricity Utility |

**Filing Instructions**

Permanently attach the original approved Environmental Impact Permit Application and Occupational Safety & Health Application to this form before submitting to the Inspector.

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **ENVIRONMENTAL IMPACT PERMIT APPLICATION**Form 8968 |

|  |  |
| --- | --- |
| Company Name | Approval Stamp |
| Company Contact |
| Company Address |
| City | State |

**Instructions**

Every business must submit a proposed plan of raw material, manufacturing process, and waste processing for review to assess their environmental impact.

|  |  |  |
| --- | --- | --- |
| **Raw Materials** | **Manufacturing Process** | **Waste Processing** |
| Methyl Chronatons | Reverse Fracking | Globular Intimidation |
| Heavy Tachyons | Flange Expansion | Inverse Fermentation |
| Wonderflonium | Proto Separation | Midi Distillation |

Only certain combinations of materials and processes have acceptably low environmental impacts:

* The waste from heavy tachyons may only be processed with globular intimidation and inverse fermentation
* If methyl chronatons are processed with reverse fracking, then midi distillation must be used
* If reverse fracking is used, then globular intimidation or midi distillation must be used
* Wonderflonium can only be processed by flange expansion
* The waste from wonderflonium can oly be processed by inverse fermentation
* The waste from heavy tachyons can only be processed by midi distillation
* Heavy tachyons processed by proto separation is incompatible with globular intimidation
* Wonderflonium processed by flange expansion is incompatible with both globular intimidation and midi distillation

Write your company’s choice of one raw material, one manufacturing process, and one waste processing technology in the boxes below:

|  |  |  |
| --- | --- | --- |
| **Selected Raw Materials** | **Selected Manufacturing Process** | **Selected Waste Processing** |
|  |  |  |

**Filing Instructions**

Submit to the Inspector for approval.

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **OCCUPATIONAL SAFETY & HEALTH APPLICATION**Form 9745 |

|  |  |
| --- | --- |
| Company Name | Approval Stamp |
| Company Contact |
| Company Address |
| City | State |

**Instructions**

For safety reasons, there are restrictions on where machinery, workstations, etc. may be placed in the facility. Indicate on the floor plan below the proposed placement of

* Three stations of dimensions 1 × 1
* Two stations of dimensions 2 × 1
* One station of dimensions 3 × 1

Stations may only be positioned horizontally or vertically. No stations may be adjacent to each other, even diagonally. The numbers to the right of rows and underneath the columns specify the maximum amount of floor space that may be used within the corresponding row or column.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | 3 |
|  |  |  |  |  |  | 0 |
|  |  |  |  |  |  | 2 |
|  |  |  |  |  |  | 1 |
|  |  |  |  |  |  | 2 |
|  |  |  |  |  |  | 1 |
| 0 | 0 | 4 | 0 | 3 | 2 |  |

**Filing Instructions**

Submit to the Inspector for approval.

|  |  |  |
| --- | --- | --- |
|  | STATE OF CALIFORNIA**BUSINESS LICENSES**PO BOX 241SAC, CA 94205-241 | **OPERATING PERMIT APPLICATION**Form 7644 |

|  |  |
| --- | --- |
| Company NameTrenchwood Inst. | Approval Stamp |
| Company ContactDr. Wesley When |
| Company Address2320 Newport St. |
| CitySn. Mateo | StateCalifornia |