



APPLICATION

TO RENEW:

(check all that apply)

- [] Hazardous Material Facility License
[] Storage Tank Facility License
[] Transfer Station License
[] Hazardous Material Wellfield Facility License

License# _____
License# _____
License# _____
License# _____

1. General information:

Name of business or facility to be licensed: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name of on-site contact: _____ Title: _____ E-mail: _____

Mailing address (if different from above): _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name of contact: _____ Title: _____ E-mail: _____

Business or facility owner (if different from above): _____

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Property Owner or Landlord (if different from above): _____

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

2. Authorized agent or certified contractor (Applicant or co-applicant for license if not identified above):

Name: _____ Telephone: _____

Title: _____ Company name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Letter of authorization attached? []Yes []No

3. Type of business or facility to be licensed: _____

Is the business or facility currently in operation? []Yes []No If no, expected date: _____

4. Describe those activities at the site which involve the generation, use, storage, handling, processing, manufacturing or disposal of hazardous material (attach additional sheets if necessary):

Four horizontal lines for describing activities.

5. How many employees handle hazardous materials at this site? _____

6. **Hazardous material inventory:** (If application is for a wellfield license, please complete the Inventory of Regulated Substances form enclosed and skip to question 7.) Indicate below all hazardous materials generated, used, stored, handled, processed, or manufactured at the site. Hazardous materials are any products or substances which pose a potential risk to water supplies, the environment, or to public health and safety, as defined in Section 27-352 of the Broward County Code. Examples are petroleum products, solvents, paints, chemicals, and pesticides. **Indicate gallons or pounds.** Attach additional sheets if necessary.

HAZARDOUS MATERIAL INVENTORY							
TRADE NAME	CHEMICAL NAME	CONTAINER		MAXIMUM QUANTITY		MAXIMUM MONTHLY	
		GAL	LBS	GAL	LBS	GAL	LBS
		TOTALS					

7. **Waste Disposal:** Indicate below all companies used for hauling, transfer, storage, or disposal of hazardous material, petroleum or chemical waste and sludge products. Attach additional sheets if necessary. Not applicable

WASTE DISPOSAL		
COMPANY NAME	ADDRESS	TELEPHONE NO.

8. Number of storage tanks at this site: aboveground _____ underground _____ Not Applicable

9. **Indicate the total payment enclosed with this license application.** Be sure to refer to the attached request for fees. If you have any questions concerning the required fee, call the Pollution Prevention and Remediation and Air Quality Division (PPRAQ) at (954) 519-1260.

10. **Applicant certification:** The undersigned certified that the statements made in this application are correct and complete to his or her knowledge and belief, and understands that false or misleading statements may result in denial or revocation of a license and/or civil action including assessment of a civil penalty as prescribed in Chapter 27 of the Broward County Code of Ordinances.

The undersigned further agrees to comply with the provisions of the Broward County Code of Ordinances, Chapter 27. In particular, as specified in Section 27-9, reasonable entry shall be provided to PPRAQ personnel for the purpose of inspection and testing to determine compliance.

Authorized signature: _____ Date: _____

Please print: _____ Title: _____

Identify the signature above: Business or facility owner Authorized agent