Required Stormwater Quality Information CITY BUSINESS LICENSE SUPPLEMENTAL APPLICATION

IS YOUR BUSINESS INVOLVED IN ANY OF THE FOLLOWING ACTIVITIES? (Circle Yes or No)

Business Type/Activity		Involved
Eating or drinking establishments, such as restaurants and food markets.		Yes – No
 Industrial facilities involved in manufacturing or production. Automobiles, airplanes, boats, vehicles or equipment - 		Yes – No Yes – No
repair repair maintenance		res = no
fueling fueling		
	orage facility (automobile only)	
painting and coating		
4. Building and landscape maintenance (including sales and storage) -		Yes – No
 landscape and hardscape installation pool, lake and fountain cleaning building material rotail soles facility 		
 painting and coating building material storage facility building material storage facility pest control service facility (facility within city boundaries) 		
 portable sanitary service facilities (facility within city boundaries) 		
5. Plants or animals/insects -		Yes – No
nurseries greenhouses		
 pest control service facility (facility within city boundaries animal facilities such as petting zoos and boarding and training facilities 		
6. Painting and coating.		Yes – No
7. Transport, storage or transfer of pre-production plastic pellets.		Yes – No
8. Golf courses.		Yes – No
9. Mobile Cleaning Service.		Yes – No
IF ALL ANSWERS WERE "NO" , please sign the following certification statement and nothing else.		
"I certify that my business does not engage in any of the above mentioned activities."		
Destinate Name		
Business Name Type of Business		
Print Name Signature	Date	
IF YOU ANSWERED "YES" AT LEAST ONCE, please complete the sections below.		
IF TOU ANSWERED TES AT LEAST O	NCE , please complete the sections below.	
Business Name:	Site Address:	
Business Name: Responsible Individual:		
Business Name:	Site Address:	
Business Name: Responsible Individual:	Site Address:	
Business Name: Responsible Individual: Please list the activities that take place at your business:	Site Address:	%
Business Name: Responsible Individual: Please list the activities that take place at your business: What percent of your activities occur outdoors? a. 0% b. Le	Site Address: Phone Number: ss than 25% c. 25-75% d. 75-1009	%
Business Name: Responsible Individual: Please list the activities that take place at your business: What percent of your activities occur outdoors? a. 0% b. Le What is the approximate size of your site?	Site Address: Phone Number: ass than 25% c. 25-75% d. 75-100% g. ft.	%
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TO AID YOUR BUSINESS IN COMPLYING WITH STORMWATER QUALITY REGULATIONS:

Best Management Practice (BMP) Fact Sheets are provided by the County to educate you and your staff in preventing stormwater pollution. These Fact Sheets address a wide range of business activities, such as vehicle washing, outdoor storage and waste handling and are available to print and download free of charge at http://www.ocwatersheds.com/StormWater/documents_bmp_intro.asp