HAZARDOUS WASTE SCREENING
FOR A LOCAL BUSINESS TAX RECEIPT
Location: 3855 S US 1 Hwy, Ste. A, Fort Pierce, FL 34982

DATE __________________

1. BUSINESS NAME: ________________________________________________

2. BUSINESS OWNER(S): ________________________________________________

3. BUSINESS PHONE: ________________________________________________

4. BUSINESS ADDRESS: ________________________________________________
   (CITY) (STATE) (ZIP)

5. MAILING ADDRESS: ________________________________________________
   (CITY) (STATE) (ZIP)

6. NAME OF COMMERCIAL/SHOPPING CENTER: ___________________________

7. PROPERTY/PARCEL ID #: _____________________________________________
   ZONING: __________________________________________________________

8. BRIEF DESCRIPTION OF ACTIVITIES: ________________________________

9. DOES THIS BUSINESS OPERATE AT ANY OTHER LOCATIONS OR BUILDINGS
   IN THIS COUNTY OTHER THAN AT THE BUSINESS ADDRESS LISTED ABOVE? 
   □ YES □ NO  IF SO, WHAT LOCATION: ________________________________

PLEASE CHECK THE FOLLOWING THAT APPLY TO THIS BUSINESS: (MUST BE COMPLETED FOR APPROVAL)

SEWAGE: □ PUBLIC SEWER   OR   □ SEPTIC TANK
WATER SYSTEM: □ PUBLIC WATER   OR   □ WELL

DOES THIS BUSINESS GENERATE OR DISPOSE OF ANY OF THE FOLLOWING: PAINT PRODUCTS, SOLVENTS, BATTERIES, CLEANING SOLVENTS, PESTICIDES, USED OILS, PETROLEUMS, OR OTHER HAZARDOUS WASTE? □ YES □ NO

DOES THIS BUSINESS GENERATE AND / OR DISPOSE OF MEDICAL WASTE? □ YES □ NO

DOES BUSINESS CURRENTLY HAVE A LICENSED HAULER: □ YES □ NO □ N/A __________________________________________________________

I HEREBY AGREE THAT THE BUSINESS ABOVE WILL COMPLY WITH ALL FEDERAL, STATE AND LOCAL HAZARDOUS WASTE LAWS.

PRINT NAME (AGENT FOR THE ABOVE BUSINESS) ____________________________

SIGNATURE ______________________________________________________________________

DO NOT WRITE BELOW THIS LINE

HEALTH DEPARTMENT PERMIT REQUIRED? □ Y □ N

PERMIT NUMBER: ________________________________

FDOH STAMP

Fee $10.00 (03/2018)