City of Coopersville

289 Danforth Street ♦ Coopersville, MI 49404
616-997-9731 Voice ♦616-997-6679 Fax

BUSINESS LICENSE APPLICATION
CHAPTER 804

$50.00 Application Fee

CHECK ONE

Individual	Partnership	Corporation

Business Name (DBA)_____ Business Phone # _____

Individual/Corporation/Partnership Name _____
(If different from above)

Mailing Address _____
Street or P.O. Box # City, State Zip

Business Street Location _____

Business Street Location is in: ☐ Residential Zone ☐ Commercial/Industrial Zone

Business Description_____

Business Type (SIC) Code_____ Email or Website: _____

Business Owner's Names, Addresses, and phone number: (List all owners/partners/officers; if more space is needed, attach list)

NAME	ADDRESS	PHONE #

Emergency Contacts: (This information will be shared with the Ottawa County 911 Dispatch)

NAME	ADDRESS	PHONE #

Approval (if applicable)

PLANNING	ZONING	BUILDING	ENVIRONMENTAL HEALTH	SHERIFF'S DEPARTMENT	FIRE DEPARTMENT

Print Applicant's Name_____ Title_____

Applicant's Signature _____ Date _____ Phone # _____

MAKE CHECKS PAYABLE TO: CITY OF COOPERSVILLE
289 DANFORTH STREET
COOPERSVILLE, MI 49404

911

Ottawa County Central Dispatch Authority
West Olive, MI 49460
Phone: (616)994-7800 Fax: (616)994-7801

BUSINESS EMERGENCY NOTIFICATION FORM

Business Name:_____ Business Type:_____

Address:_____ City:_____ Zip Code:_____

Business Phone#:_____ After hours Business Phone#:_____ Fax#:_____

Alarm Company:_____ Alarm Company Phone# _____

Business Owner:_____ Address:_____ Phone: _____

Key or Lock / Knox Box Location (If applicable):_____

Please list at least **three** people with your company who are in **possession of a key**, and are **able to respond** to the business in an emergency situation:

	Name	Home Phone	Cell phone
1.			
2.			
3			
4.			
5.			

Remarks (list any additional information or hazards to police or fire personnel:

_____

_____

_____

_____

Please FAX TO: Ottawa County Sheriff's Office, Coopersville., (616)997-8025

KNOX
When seconds matter™

COOPERSVILLE-POLKTON FIRE DEPT

Knox® Rapid Access System Products Needed

Product Image	Product Name	Model #	Price	Quantity
	Model 3261 – KnoxBox 3200, Surface Mount, Hinged Door, Black	3261	$459	

Knox Program Coordinator: Travis Kroll firechief@cpfd7004.org 616-997-5847

How to Order Knox Products

1 ORDER ONLINE

Step 1
Go to
www.knoxbox.com/17163

Step 2
Select your product & add to cart.

Step 3
Confirm product installation address, then complete your purchase or continue shopping.

2 ORDER BY PHONE

800.552.5669

For online ordering assistance, please contact
Knox Customer Service at 800.552.5669

Prices and availability subject to change without notice. Shipping and handling not included.

CITY OF COOPERSVILLE
289 DANFORTH
COOPERSVILLE MI 49404
(616) 997-9731

Superintendent WWTP

INDUSTRIAL PRETREATMENT PROGRAM
NONDOMESTIC USER SURVEY/PERMIT APPLICATION

I. GENERAL INFORMATION

Corporate Name | Plant Name

Address – Street & Number | Address – Street & Number

City | Zip Code | City | Zip Code

Name & Title of Person Completing Report | Phone Number

Date This Company First Opened for Business (month/year)

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief, such information is true, accurate and complete.

Signature of Responsible Official, Title **Date**

Print or Type Name

In addition to municipally supplied water what, if any, other source of water (e.g., well water) do you use?

Type of water source | Approximate usage

II. BUSINESS INFORMATION

1. Please provide a general description of your business, industrial processes, and end products. Include the Standard Industrial Classification* (SIC) or NAICS code for products or services. (e.g., explain your main product or service, list a NAISC or SIC code, and quantify approximate production)

_____

_____

_____

_____

2. What types of waste do you discharge to the sanitary sewer?

Sanitary ☐ Wash Water ☐ Rinse Water ☐

Cooling Water ☐ Process Water ☐ Scrubber Water ☐

Other (e.g., remediated groundwater) _____

3. Do you (or will you) discharge any acids, bases, or other materials that are on the Priority Pollutants/Critical Materials List*?

Yes ☐ No ☐

4. Do you (or will you) use or store any acids, bases or materials that are on the Priority Pollutants/Critical Materials List*?

Yes ☐ No ☐

5. Does (or will) the operation of your processes or wastewater pretreatment facility result in by-products, residues or sludges?

Yes ☐ No ☐

6. Approximate Schedule of Operations:

Number of employees _____ Shifts/day _____

Hours/Day _____ Days/Week _____ Weeks/Years _____

**A Standard Industrial Classification is supplied at the end of the questionnaire.*
**A Priority Pollutants/Critical Materials List is supplied at the end of the questionnaire.*

III. SPILL PREVENTION

1. If you use or store any acids, bases, or materials which are on the priority pollutants/critical materials list, please list them, their approximate volume, and how and where they are stored (e.g., 55 gallon drums, steel storage thanks, etc.) Attach additional sheets if necessary.

MATERIALS	VOLUME	TYPE OF STORAGE	LOCATION

2. Is secondary containment provided for bulk chemical and storage tanks?

Yes ☐ No ☐ N/A ☐

3. Is separate secondary containment provided for those processes that contain chemicals on the Priority Pollutants/Critical Materials List*?

Yes ☐ No ☐ N/A ☐

4. Has separate storage been provided for chemicals that have hazardous interactions, such as acid with cyanide, acids with bases?

Yes ☐ No ☐ N/A ☐

5. Does your facility have a Spill Prevention Control and Counter Measures Program (SPCC) or a Pollution Incident Prevention Plan (PIPP)?

Yes ☐ No ☐ N/A ☐

IV. DISPOSAL PRACTICES

If the operation of your process (es) results in a by-product, sludge, or residue, please complete this section.

1. Do any of the by-products, residues, or sludges produced by your operation contain any of the materials on the Priority Pollutants/Critical Materials List*?

   Yes ☐ No ☐

   If yes, list materials (use number from list, not name):

   _____
   _____
   _____
   _____

2. How do you dispose of spent chemicals, spoilage, precipitates, or sludges?

   Not Applicable ☐

MATERIAL	VOLUME	DISPOSAL METHOD

3. Do you have a hazardous waste hauler?

   Yes ☐ No ☐ N/A ☐

   If yes, name and license number:

   _____

V. PROCESS WASTEWATERS

1. Provide a complete list of products used in your process (es) which appear on the Priority Pollutants/Critical Materials List* (use numbers, not names). If you use trade name or proprietary chemicals which do not list contents on the package, indicate the trade name(s) and manufacturer's name(s) at this time (attach additional sheets if necessary).

   _____
   _____

VI. PROCESS WASTEWATERS (continue)

2. Do you have pretreatment for your wastewater?

Yes ☐ No ☐ Unknown ☐

Type: _____ Capacity (gpd): _____

Frequency of Operation: _____

3. Do you have any air emission control equipment that would discharge to the system?

Yes ☐ No ☐ N/A ☐

4. Is this plant subject to an existing Federal Categorical Pretreatment Standards(s)?

Yes ☐ No ☐ Unknown ☐

If so, name category or categories:

_____

_____

_____

5. Are roof, parking lot, or other similar drains discharging to other than a storm sewer?

Yes ☐ No ☐

If yes, please list the source, estimate area drained, and indicate where it is discharging.

_____

_____

_____

6. Please provide a schematic of your plant layout showing approximate location of major operations, points of wastewater discharge, and chemical storage areas. (If no CAD-type schematic is available, please provide a hand-drawn sketch drawn to approximate scale.)

VI. SAMPLING AND ANALYSIS

1. Do you have a sampling/inspection manhole in your facility's lateral sewer connection line?

   Yes ☐ No ☐ Unknown ☐

2. Do you sample your process discharges?

   Yes ☐ No ☐ Unknown ☐

3. Type of sample:
   - ☐ Grab
   - ☐ Time-Proportional Composite
   - ☐ Flow-Proportional Composite
   - ☐ N/A

4. What is your schedule for sampling?

   _____

5. What laboratory analysis can be run on site?

   _____

VII. MISCELLANEOUS

1. Describe any safety precautions to be observed by those visiting your site.

   _____

   _____

   _____

   _____

2. Contact Person for your Plant:

   Name: _____

   Title: _____

   Phone Number: _____

GLOSSARY OF TERMS

SIC – Standard Industrial Code:

This is a way of identifying industrial types of a four-digit code.

POTW – Publicly Owned Treatment Works:

A wastewater treatment facility owned by a governmental body.

Pretreatment:

The treatment of a wastewater prior to discharge into a public sewer system.

Grab Sample:

A sample taken directly out of a waste stream with no regard to time or flow.

Composite Sample:

A composite sample contains a minimum of eight discrete samples taken at equal intervals over a time period, or taken in proportion to the flow rate over a time period.