



CITY OF SACO

2018 – APPLICATION FOR BUSINESS REGISTRATION

Individuals or entities who secure a license with the State pursuant to Title 32 of Maine’s Revised Statutes (e.g. accountants, physicians, social workers, etc.) or Maine Corporations which are registered with the Secretary of State and which have an agent for service of process, need to file an application, and send along proof of due licensing with the State of Maine. NO FEE is required.

If you have a Vendor License with us, you need to file an application. NO fee required.

All other individuals or entities must file an application with a \$15.00 fee.

NAME OF BUSINESS:			
NAME OF CORPORATION:			
TYPE OF BUSINESS AND DESCRIPTION OF BUSINESS BEING CONDUCTED:			
HOURS OF OPERATION:			
STREET ADDRESS OF BUSINESS:			
MAP# & LOT # :			
MAILING ADDRESS OF BUSINESS:			
PHONE:	FAX:	E-MAIL:	
NAME OF OWNER:		HOME PHONE:	
OWNER’S ADDRESS :			
NAME OF MANAGER, IF DIFFERENT:			
CIRCLE ONE:	PARTNERSHIP	SOLE PROPRIETOR	CORPORATION
IF PARTNERSHIP, LIST PARTNERS & THEIR ADDRESS:			
IF CORPORATION, LIST OFFICERS & IDENTIFY CLERK:			
FEDERAL IDENTIFICATION NUMBER OR S.S.#:			
FOR OFFICE USE ONLY			
DATE PAID:		FEE PAID:	
BUILD. INSPCT:	PASS FAIL	SIGNATURE:	DATE:
OUTSTANDING LIENS		YES NO	
PERSONAL PROPERTY TAXES PAID		YES NO	
REAL ESTATE TAXES PAID		YES NO	
TAX COLLECTOR:	SIGNATURE:		DATE:
CSO & SEWER IMPACT FEES, USER FEES, LIENS PAID		YES NO	
WATER RESOURCE RECOVERY:	SIGNATURE:		DATE:
CITY CLERK SIGNATURE:			DATE:
DEPT. COMMENTS:			



CITY OF SACO WATER RESOURCE RECOVERY DEPARTMENT
300 MAIN STREET SACO MAINE 04072
INITIAL WASTEWATER DISCHARGE APPLICATION
207-282-3564
hcarter@sacomaine.org

1. Legal Name of Business or Industry

2. Facility Physical Address

3. Facility Mailing Address

4. Facility Contact (Person who is thoroughly familiar with operation and with the facts reported in the questionnaire)

Name:

Work Email:

Title:

Work Phone:

5. Number of employees

6. Normal hours of operation

7. Nature of Business

Principal Product or Process

Applicable NAICS or SIC Code (s)

Description of Product or Process

Hazardous or Significant Chemicals or Materials Stored or Used Onsite Now or Will Be Stored in Future

8. Are expansions or process changes planned for the next three years? No Yes

If Yes, describe the nature of the planned changes

9. Wastewater Details

Are you planning to use water for purposes other than sanitary (toilet, shower) use? No Yes

Are you planning to discharge process wastewater to the public sewer system? No Yes

If yes, check one or more below

- Acids or alkalis Floor stripper Heavy metals (copper, lead, mercury, silver ..)
 Inks or dyes Oil & grease Organic compounds Paints Pesticides Pharmaceuticals
 Plating waste Soaps or detergents Solvents Food Processing Other (describe below)

If yes, how many days per year on average (approximately)? _____

If yes, how much of water daily on average you are planning to discharge (Gallons)?

If yes, what will be the approximate impact (if any) of:

BOD (mg/L) _____

TSS, mg/L _____

pH _____

Temperature, °F _____

Fats, Oils, and Greases (FOG), mg/L _____

Arsenic concentration, mg/L? _____

If yes, will the discharged water have some kind of discoloration (describe, if any)?

If no, describe what are you planning to use for disposal of process wastewater

Are you planning to treat wastewater prior to discharge? No Yes

If yes, check the applicable

Oil/Water Separator Evaporation System pH Adjustment Grit Trap Other (describe below)

10. Attach site plans, floor plans, mechanical and pumping plans, and details to show all sewers, sewer connections, inspection manholes, sampling chambers, and appurtenances by size, location, and elevation, if applicable. All sources of discharge should be numbered and identified as being process flow, or sanitary flow, or combinations thereof, if applicable.

11. Water and/or Sewer Account Number(s), if applicable:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I understand per ARTICLE XV §176-74 of SACO CITY CODE that new proposed dischargers shall file permit applications at least 90 days prior to connecting with the city’s wastewater facilities. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Title

Printed Name

Date