

**PET GROOMING  
WASTEWATER DISCHARGE PERMIT APPLICATION**

**SECTION 1 – APPLICANT AND LOCAL FACILITY DESCRIPTION**

<b>Name of Industry:</b>	
<b>Type of Business:</b>	
<b>Location Address:</b>	
<b>Phone Number:</b>	
<b>FAX Number:</b>	
<b>Company Representative (Local):</b>	
<b>Representative Title:</b>	
<b>Mailing Address: (if different from above)</b>	
<b>Phone Number &amp; Extension:</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	
<b>Representative Signature &amp; Date:</b>	

**SECTION 2 – CORPORATE OFFICE INFORMATION**

<b>Corporate Name:</b>	
<b>Mailing Address:</b>	
<b>Corporate Representative:</b>	
<b>Corporate Representative Title:</b>	
<b>Phone Number</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	
<b>Corporate Representative Signature &amp; Date:</b>	

**SECTION 3 – BILLING INFORMATION**

<b>Billing Address:</b>	
<b>Billing Company Representative:</b>	
<b>Phone Number</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	

**SECTION 4 – PROPERTY OWNER INFORMATION**

<b>Name of Property Owner:</b>	
<b>Mailing Address:</b>	
<b>Property Owner Representative:</b>	
<b>Phone Number</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	
<b>Signature of Property Owner &amp; Date:</b>	

**SECTION 5 – GROOMING**

1. How many stations does the facility utilize for Grooming

<b>Number of Stations:</b>	
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2.

<b>Type of fur Interceptor</b>	<b>Size And Model</b>	<b>Number of Units</b>

**SECTION 6 - APPLICATION CERTIFICATION**

“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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation.”

<b>Printed Name of Signing Official</b>	<b>Title</b>

<b>Signature of Signing Official</b>	<b>Date</b>

**Please mail application materials & fee of \$300.00 to:**

**West Warwick Sewer Commission  
1 Pontiac Avenue. West Warwick RI 02893**