



# 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 #: \_\_\_\_\_ Afterhours 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:

<u>Name</u>	<u>Home Phone</u>	<u>Cell phone</u>
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**



# 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](mailto:firechief@cpfd7004.org)

616-997-5847

## How to Order Knox Products

### 1 ORDER ONLINE

#### Step 1

Go to

[www.knoxbox.com/17163](http://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)

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

Sanitary	<input type="checkbox"/>	Wash Water	<input type="checkbox"/>	Rinse Water	<input type="checkbox"/>
Cooling Water	<input type="checkbox"/>	Process Water	<input type="checkbox"/>	Scrubber Water	<input type="checkbox"/>

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 tanks, 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):

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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:

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**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).

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**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:

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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.

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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?

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5. What laboratory analysis can be run on site?

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**VII. MISCELLANEOUS**

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

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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.