

ENVIRONMENTAL HEALTH DIVISION
BUREAU OF AIR QUALITY CONTROL
REGISTRATION FORM
DRY CLEANING FACILITY

DATE: _____ ACCOUNT#: DCL 0000

NAME OF FACILITY: _____

OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

TITLE: _____

| SIZE OF FACILITY | ANNUAL FEE |
|---------------------------|------------|
| () LESS THAN 6 EMPLOYEES | \$100.00 |
| () 7 TO 10 EMPLOYEES | \$200.00 |
| () 11 OR MORE EMPLOYEES | \$300.00 |

NOTE: FEE BASED ON THE NUMBER EMPLOYEES.

APPLICABLE/NOT APPLICABLE
I, _____, _____, CERTIFY THAT _____
(PRINTED NAME) (TITLE) (BUSINESS NAME)
EMPLOY () EMPLOYEES. REGISTRATION FEE PAID IS REQUIRED UNDER SECTION 21-161,
OF THE HOUSTON CODE OF ORDINANCE.

(SIGNATURE) (DATE)

RETURN THIS FORM TO:
HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS MANAGEMENT OFFICE (713) 640-4200
8000 NORTH STADIUM DR.
HOUSTON, TX 77054-1823