

ENVIRONMENTAL HEALTH DIVISION  
BUREAU OF AIR QUALITY CONTROL  
REGISTRATION FORM  
**GASOLINE DISPENSING FACILITY**

\*\*\*\*\*  
DATE: \_\_\_\_\_ ACCOUNT#: GAS 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
( ) 1 TO 6 GASOLINE PUMP NOZZLES, PER NOZZLES	\$250.00
( ) 7 OR MORE GASOLINE PUMP NOZZLES, PER NOZZLES	\$500.00

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NOTE: WHERE PUMPS ARE SO CONFIGURED THAT TWO OR MORE NOZZLES DISPENSING DIFFERENT TYPES OR GRADES OF FUEL ARE ATTACHED TO ONE METER, THEN THE NOZZLE ATTACHED TO EACH SUCH METER SHALL BE REGARDED AS ONE NOZZLE FOR PUPOSES OF THE ABOVE CALCULATIONS.  
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APPLICABLE/NOT APPLICABLE

I, \_\_\_\_\_, \_\_\_\_\_, CERTIFY THAT \_\_\_\_\_  
(PRINTED NAME) (TITLE) (BUSINESS NAME)

IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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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