

License Number: \_\_\_\_\_

Date Stamp

Receipt Number: \_\_\_\_\_

**OFFICE SUPPLEMENTAL FORM**

This supplemental form applies to **office uses, including medical offices**. This form must be completed and submitted with your business license application.

You may be asked to produce records such as receipts for disposal services or cleaning services associated with storage of chemicals, flammables, and wastewater pre-treatment activities. Please make certain you keep such records. In addition, certain City departments need specific storage and processing information in order to be able to approve a building for a specific use. Accurately answering the questions below will facilitate the processing of your business license application.

**GENERAL**

**1. Do you use or store any of the following:**

- a. Flammable or combustible fluids in quantities greater than 5 gallons?.....  YES  NO
- b. Medical gases?.....  YES  NO
- c. Hazardous chemicals or materials?.....  YES  NO

If yes, please describe: \_\_\_\_\_

NOTE: Common cleaners, copy machine toners, etc., do not need to be described as hazardous.

**ADDITIONAL QUESTIONS FOR PHOTOGRAPHIC OR X-RAY PROCESSING**

The Lynnwood Wastewater Treatment Plant treats waste with biological organisms. Excess metals and other pollutants can kill or impair the organisms in the secondary treatment. Photographic and x-ray processing waste, especially unrecovered silver or cyanide, are of particular concern. You are required to maintain records to prove proper disposal or treatment of photographic waste and silver recovery. If you have any questions about the requirements, please call (425) 670-5221.

**1. Is your photographic or x-ray process digital?**

YES  NO If no, please answer the questions below.

**2. What type of film is developed?** \_\_\_\_\_

**3. What chemistry is used?** \_\_\_\_\_

**4. Do any of the chemicals contain cyanide?**

NO  YES If yes, please provide a separate detailed description of the disposal process.

**5. Do you have a silver removal system?**

YES If yes, what type:  Electrolytic  Filter

NO If no, please separately describe how you dispose of solutions which contain silver.

**6. Is the disposal system discharge tested?**

YES  NO

**7. Is a reduced pressure backflow assembly installed to protect the drinking water supply from contamination?**

YES  NO

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_