



CITY OF VISALIA
AUTOMOTIVE SERVICES QUESTIONNAIRE

New Business Renewal Ownership/Name Change

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

OWNER NAME: _____ PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER EMAIL: _____

ONSITE CONTACT PERSON: _____ TITLE: _____ PHONE: _____

CONTACT EMAIL ADDRESS: _____

NATURE OF BUSINESS (engine/transmission repair, oil change, car wash, radiator service, paint & body shop, etc.):

NO. OF EMPLOYEES: _____ HOURS OF OPERATION: _____

DAYS PER WEEK BUSINESS OPEN: MON TUES WED THUR FRI SAT SUN

Does your facility have a grease, oil or grit trap installed before discharge to sewer? YES NO

Does your facility conduct operations that involve the exchange or replacement of fluids?
(e.g. oil, transmission or brake fluid, radiator coolant etc.)? YES NO

Does your facility have any floor drains? YES NO

Does your facility have a steam cleaner? YES NO

Does your facility wash vehicles on site? YES NO

If generated, how do you dispose of the following?

Grease, oil, and sand interceptor contents _____

Hazardous Waste: _____

By signing below, I certify that I have examined and am familiar with the information submitted and under penalty of law; the submitted information is true, accurate, and complete. I am aware there are penalties for submitting false information, including the possibility of fine.

Signature

Date