



Remit To: City of Brisbane • c/o MuniServices, LLC • 373 East Shaw Ave Box 367 • Fresno, CA 93710  
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**INDUSTRIAL & COMMERCIAL BUSINESS STORMWATER POLLUTION PREVENTION**

Account No.: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS:

BUSINESS PHYSICAL LOCATION:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Pursuant to Brisbane Municipal Code Chapter 13.06, and as required by the San Francisco Regional Water Quality Control Board Municipal Regional Stormwater NPDES Permit, please answer the following questions regarding your City of Brisbane Business License application:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Does your business have any outdoor process and manufacturing areas?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your business have any outdoor material storage areas or uncovered storage?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your business have any outdoor waste storage and disposal areas, such as dumpsters or trash cans? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your business have any outdoor vehicle and equipment storage/ maintenance areas?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your business have any outdoor wash areas, such as a car/vehicle wash?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your business have any outdoor drainage from indoor areas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your business have rooftop-mounted industrial process equipment (not including HVAC or antennas)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is this a mobile business, such as a food truck or mobile car wash?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

APPLICANT NAME (printed): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT PHONE: \_\_\_\_\_

APPLICANT EMAIL: \_\_\_\_\_