

# TCEQ - DRY CLEANING FACILITY REGISTRATION FORM

	<b>For Use in Texas</b>	<b>Texas Commission on Environmental Quality</b>	<b>Mail completed form to:</b> Texas Commission on Environmental Quality Dry Cleaning Registration Team (MC-138) P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 and fax # (512) 239-3398	TCEQ Account No. : _____ <hr/> Federal Tax ID No. : _____ <hr/> Taxpayer ID No.: _____
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**TCEQ rules (Title 30 TAC § 337) state that annual renewal registration forms are due by August 1st of each year. For each drop station, complete a separate Dry Cleaning Drop Station Registration Form (Form# 20207)**

### Section 1. Reason For Filing the Form (Check all that applies).

- Initial Registration   
  Renewal Registration   
  Ownership Change (Indicate effective date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 No longer a facility (Indicate effective date of the closing of the facility) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Change from drop station to facility (Indicate effective date of change) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Amendment of :   
  Owner Information   
  Facility Information   
  Real Property Owner   
  Solvent Information  
                         
  Dry Cleaning Machine Information   
  Other \_\_\_\_\_

### Section 2. Owner Information

**Customer No.:** CN \_\_\_\_\_

Owner Name: Business Name or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (*if different*): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (Outside USA) : \_\_\_\_\_ Email Address : \_\_\_\_\_

Owner's Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_/\_\_\_\_-\_\_\_\_

**Type of Owner:**   
 Individual   
 Sole Proprietorship DBA   
 Corporation   
 Partnership   
 Other \_\_\_\_\_

Location of Records:  At facility   
 Offsite at: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Records Custodian/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_/\_\_\_\_-\_\_\_\_ Fax No : \_\_\_\_/\_\_\_\_-\_\_\_\_

State Franchise Tax ID: \_\_\_\_\_ DUNS No. : \_\_\_\_\_

Independently Owned & Operated :  Yes   
 No       
 # of Employees :  0-20   
 21-100   
 101-250   
 251-500   
 501 & Higher

*\*\*This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the [Delinquent Fee and Penalty Protocol](#).\*\**

**Have you ever used or allowed the use of the dry cleaning solvent perchloroethylene at a dry cleaning facility or drop station in this state?**   
 Yes   
 No

**Has the dry cleaning solvent perchloroethylene ever been used at this location?**   
 Yes   
 No

### 3. Facility Information

**Regulated Entity No.:** RN \_\_\_\_\_

Facility Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ TEXAS Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: \_\_\_\_/\_\_\_\_-\_\_\_\_ Email Address : \_\_\_\_\_ Fax No.: \_\_\_\_/\_\_\_\_-\_\_\_\_

Primary SIC Code: \_\_\_\_\_ Secondary SIC: \_\_\_\_\_ Primary NAICS Code: \_\_\_\_\_ Secondary NAICS: \_\_\_\_\_

Latitude: Degrees \_\_\_\_ Minutes \_\_\_\_ Seconds \_\_\_\_ Longitude: Degrees \_\_\_\_ Minutes \_\_\_\_ Seconds \_\_\_\_

Does this dry cleaning facility accept payment directly from retail customers?   
 Yes   
 No

Please indicate gross receipts (includes all sources of income from this location, including laundry receipts) for the last consecutive 12 months reported to the Comptroller: (*If facility does not collect money from retail customers, use gross receipts from associated drop stations.*)  
 \$150,000 or less       
 more than \$150,000

**This number should be the same as the "Total Sales" line on your Sales & Use Tax Return.**

**GROSS RECEIPTS WILL BE VERIFIED BY THE TEXAS COMPTROLLER OF PUBLIC ACCOUNTS**

(If this information is not verified to be accurate, your dry cleaning registration certificate may be withheld)

When did you begin dry cleaning operations at this location? \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this location ever a dry cleaning facility prior to the date you began operations?   
 Yes or   
 No

*Please complete a separate form for each dry cleaning facility*



their information corrected. To review such information, contact us at 512/239-2160.