

## **FACILITY LEGAL NAME and/or OWNERSHIP CHANGE Instructions for Form S3**

*Mecklenburg County Air Quality (MCAQ) Form S3 contains general information on the existing facility with a legal name or ownership change. One Form S3 is to be completed for each facility. **The applicant shall file requests for permit name or ownership changes as soon as the applicant is aware of the imminent name or ownership change.** A \$100.00 application processing fee must be filed for each separate facility listed on the S3 application form.*

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### **COMPANY / CORPORATION INFORMATION**

**NEW LEGAL NAME TO LIST ON PERMIT** - The legal name of the company or corporation that the requested Permit will be issued to (i.e. the legal name of the owner or operator of the facility). This will be the name of the local business as registered with the NC Secretary of State. If the business operates under a marketing (i.e., doing business as or DBA) name, this will be the name of the corporate owner.

**Note: The company the Permit is issued to is responsible for operating and maintaining the facility in compliance with the air quality regulatory requirements, submitting the annual gasoline report, paying the invoice fee, etc.**

**(Check applicable category)** An air quality permit may be issued to either the owner or operator of the facility.

**DEFINITIONS** - Per MCAPCO Regulations 1.5102 and 2.0928 the following definitions apply:

**“Owner”** - means any person who has legal or equitable title to the gasoline storage tank at a facility  
(Note: The owner may transfer responsibility for obtaining an air quality permit to the operator. The Permit will be issued to and become the responsibility of the operator.)

**“Operator”** - means any person who leases, operates, controls, or supervises a facility at which gasoline is dispensed (i.e., oversees gasoline dispensing, equipment maintenance, reporting, fee payment, etc.)

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**NAME of HIGHEST RANKING LOCAL OFFICIAL in MECKLENBURG COUNTY and TITLE** - The local person within the organizational hierarchy who is or is closest to the head of the national / international organization (i.e. owner, president, chairman, facility manager).

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the Highest Ranking Local Official receives postal mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the Highest Ranking Local Official.

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**NAME of RESPONSIBLE COMPANY OFFICIAL and TITLE** – The name and title of the official as specified in MCAPCO Regulation 1.5212 Paragraph (i). This is the same person that will be responsible for signing the application form.

**MAILING ADDRESS, CITY, STATE, ZIP CODE** - The address at which the Responsible Company Official receives postal mail.

**TELEPHONE, FAX, E-MAIL ADDRESS** - For the Responsible Company Official.

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### **FACILITY LOCATION INFORMATION**

**NEW NAME of FACILITY:** The new marketing (i.e., DBA) name of the facility.

**PREVIOUS NAME of FACILITY:** The previous marketing (i.e., DBA) name of the existing, permitted facility.

**STREET ADDRESS, CITY and ZIP CODE of the FACILITY:** The physical location (i.e., street address), city and zip code of the existing permitted facility.

**DESCRIBE NATURE OF OPERATION(S)** – This is a short statement describing what is taking place at the facility (i.e. gas only, convenience store, gas with food service, etc.).

**GASOLINE THROUGHPUT (IN GALLONS) OF PREVIOUS OWNER FOR CURRENT CALENDAR YEAR –**  
A legal name / ownership transfer of a permit conveys the permit responsibility from the previous owner to the new owner. **For emission inventory and invoice purposes, the previous owner’s gasoline throughput (in gallons) for the current calendar year must be provided as part of a complete air quality application.**

**SIC CODE(S)** - This is the Standard Industrial Classification (SIC) which can be found in the SIC Manual. If there are multiple processes at a facility which have different SIC codes, list the code or codes which best represent the primary activity at the facility.

**DESCRIPTION OF PRIMARY SIC GROUP – SIC manual code 5541 is assigned to “gasoline service stations (gasoline station with convenience store)”**. Enter the description.

**NAICS CODE(S)** – This is the North American Industry Classification System (NAICS) which can be found in the NAICS Manual. If there are multiple processes at the facility which have different NAICS codes, list the code or codes which best represent the primary activity at the facility.

**DESCRIPTION OF PRIMARY NAICS GROUP – NAICS manual code 447110 is assigned to “gasoline service stations (gasoline station with convenience store)”**. Enter the description.

**TAX CODE PARCEL ID NO.** - This number can be obtained from the tax office or by using the Mecklenburg County POLARIS website and inputting your site address, <http://polaris3g.mecklenburgcountync.gov/>.

**OPERATING HOURS** – Hours the facility is dispensing gasoline.

**DO YOU CLAIM CONFIDENTIALITY of DATA?** All information in this application and the attachments thereto are considered public information unless the applicant can demonstrate that specific information qualifies for confidential treatment under the provisions of North Carolina G.S. 143-215.3C and MCAPCO Regulation 1.5217. **Your request does not guarantee confidentiality.** If you request confidentiality, you must submit one confidential copy of the application package and one public copy of the application package as defined below:

1. Confidential copy: one complete application, stamped confidential on each relevant page and containing the confidential and non-confidential information; and
2. Public copy: one complete application, indicating "Trade Secret Information Deleted" for each instance where information has been omitted from the Public copy.

*Note: All application forms, including those deemed confidential by MCAQ, may be submitted to EPA. Because EPA has different guidelines for confidentiality, what may be deemed confidential by MCAQ may be released as public information by EPA. Therefore, it is advised that both the North Carolina General Statutes and the federal laws concerning confidentiality be reviewed prior to submitting proprietary information to MCAQ.*

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#### **SIGNATURE of RESPONSIBLE COMPANY / CORPORATE OFFICIAL**

Permit applications submitted pursuant to MCAPCO Regulation 1.5212(i) shall be signed as follows. Check the applicable category:

1. for corporations, by a principal executive officer of at least the level of vice-president, or their duly authorized representative, if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate;
2. for partnership or limited partnership, by a general partner;
3. for a sole proprietorship, by the proprietor; or
4. for municipal, state, federal, or other public entity, by a principal executive officer, ranking elected official, or duly authorized employee.

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If you have questions, contact Mecklenburg County Air Quality staff at 704-336-5430 or visit the MCAQ website at <http://airquality.charmeck.org>.

Mail completed application forms to:

Mecklenburg County Air Quality  
2145 Suttle Ave  
Charlotte, NC 28208-5237

**FORM S3**

**LEGAL NAME AND / OR OWNERSHIP CHANGE FOR A GASOLINE DISPENSING FACILITY  
WITH NO EQUIPMENT CHANGE**

**IMPORTANT: Submit a completed S1 and S2 form, rather than an S3 form, if the gasoline storage equipment listed on the previous owner / operator's air quality permit has been replaced with new equipment or the existing, permitted equipment has been modified / reconstructed.**

**COMPANY / CORPORATION INFORMATION**

New Legal Name To List On Permit:

(Check applicable category)

Owner of Location

Operator of Location

Name of Highest Ranking Local Official in Mecklenburg County:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

E-mail Address:

Name of Responsible Company Official:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

E-mail Address:

**FACILITY LOCATION INFORMATION**

New Name of Facility:

Previous Name of Facility:

Street Address:

City:

State: NC

Zip Code:

Operations:  Convenience store w/ gas sales  Gas sales and Auto Repair Other \_\_\_\_\_

Gasoline throughput (in gallons) of previous owner for current calendar year:

SIC Code:

Description of Primary SIC Group:

NAICS Code:

Description of Primary NAICS Group:

Tax Code Parcel ID No.:

Operating Hours: Hours/Shift:

Shifts/ Day:

Days/Week:

Weeks/Year:

Do you claim confidentiality of data?  Yes  No

If Yes, please include both Public and Confidential copies and identify which one this document is by checking one of the following boxes:

Public Copy of Application  Confidential Information

**SIGNATURE OF RESPONSIBLE COMPANY / CORPORATE OFFICIAL**

As specified in MCAPCO Regulation 1.5212 Paragraph (i), all permit applications submitted shall be signed by one of the following (check applicable category):

<input type="checkbox"/>	<b>For Corporations:</b>
<input type="checkbox"/>	by a principal executive officer of at least the level of vice-president, or
<input type="checkbox"/>	by his duly authorized representative if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate
<input type="checkbox"/>	<b>For Partnerships or Limited Partnerships, by a general partner</b>
<input type="checkbox"/>	<b>For a Sole Proprietorship, by the proprietor</b>
<input type="checkbox"/>	<b>For a municipal, state, federal, or other public entity:</b>
<input type="checkbox"/>	by a principal executive officer, or
<input type="checkbox"/>	by a ranking elected official, or
<input type="checkbox"/>	by a duly authorized employee

The undersigned certifies:

- no equipment-related changes have occurred since taking ownership
- all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate and complete
- understands that the facility is to comply with the permit conditions and reporting requirements of the new permit.

Name (Typed/print):

Title:

Signature:

Date Signed:

**PERMIT APPLICATION PROCESSING FEE INFORMATION**

Per MCAPCO Regulations 1.5212(b), 1.5231(b) and (c), a \$100.00 application processing fee (i.e. check or money order) made payable to "Mecklenburg County Air Quality" must be submitted along with the completed S3 application form; otherwise, the application may be returned as "incomplete".

**MCAQ USE ONLY**

Amount Paid:	Paid Date:	Application Receipt Date:
Check / Money Order Reference No.:	Payment Receiver's Initials:	
Premise Number:	45 Days After Application Receipt:	