

Return Completed Form & Fees To:

PBS Number:

7-600 752

Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law, Article 17, Title 10; and
Regulations 6 NYCRR Part 613 and 6 NYCRR Subpart 374-2
(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

Section A - Facility/Property Owner/Contact Information

Expiration Date:

Transaction Type: <u>LT</u> 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	F	Facility Name: <u>De Carolis TRUCK Rental INC</u>	Tax Map Info: Borough/Section:	TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input checked="" type="checkbox"/> 06=Trucking/Transportation/Fleet <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 16=Nuclear Power Plant <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales) <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial <input type="checkbox"/> 52=Marina <input type="checkbox"/> 99=Other (Specify): _____		
	A	Facility Address (Physical Address, No P.O. Boxes) <u>402 NORTH CENTRAL AVE</u>	Block:			
	C	Facility Address (cont.):	Lot:			
	I	City: <u>MINOA</u>	State: <u>N.Y.</u>			ZIP Code: <u>13116</u>
	L	County: <u>Onondaga</u>	Township/City: <u>Syracuse</u>			Facility Phone Number: <u>315-656-0090</u>
I	Name of Class B (Daily On-Site) Operator:		Operator Authorization No.			
T	Name of Class A (Primary) Operator: <u>BRAD GREEN</u>		Operator Authorization No. <u>JYB-TJM</u>			
Y	Name of Class A (Primary) Operator:		Operator Authorization No.			
NOTE: Fill in Property Owner information	O	Facility (Property) Owner (from Deed): <u>COLFAX STREET PROPERTIES, LP</u>		Emergency Contact Name: <u>RYAN JOHNSON</u>		
	W	Facility Owner Address (Street and/or P.O. Box): <u>333 COLFAX ST.</u>		Emergency Telephone Number: <u>585-254-1169</u>		
		City: <u>Rochester</u>	State: <u>N.Y.</u>	ZIP Code: <u>14606</u>		
		Owner Telephone Number: <u>585-254-1169</u>		I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.		
Indicate Tank Owner in Section C.	E	Type of Owner: (check only one)		Name of Property Owner or Authorized Representative:		
	R	1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial/Other		Title: <u>Vice President - Finance</u> Signature: <u>Mark C. Williams</u> Date: <u>9/14/2016</u>		
Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$_____ Reviewed By: _____ Rev. 10/03/15	C O R R E S P O N D E N C E	(Please keep this information up to date)		For Overdue Registrations Only: If you are submitting an application for an overdue registration, you may settle the violation by submitting the normal fee, any back fees due, and a penalty of \$50 for every month the application is overdue. If you decline to settle, or make no choice, the case will be referred for enforcement which may result in higher penalties to resolve the violations. Please indicate your choice below: <input type="checkbox"/> I agree to settle and have enclosed the proper fees and penalty amounts. <input type="checkbox"/> I decline to settle and understand that higher penalties may result.		
		Facility Contact Person Name: <u>PAUL De Carolis</u>				
		Contact Person Company Name: <u>De Carolis TRUCK Rental INC</u>				
		Address: <u>333 COLFAX ST</u>				
		Address (cont.):				
City/State/ZIP Code: <u>Rochester, N.Y. - 14606</u>						
Tel. Number: <u>585-254-1169</u>		eMail Address:				