

APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_, Florida Statutes,  
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: P & F CLEANERS INC  
ADDRESS: 1351 N. PALM AVE, PEMBROKE PINES, FL 33026  
AMOUNT: \$100.00 CHECK #: 1112 DEPOSIT DATE: 11/14/2011 DEPOSIT: 002252  
DOCUMENT NUMBER: 528259 SYS RECEIPT#: 762739 PAYMENT#: 1120789 REMIT#: 960284  
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
FEIN

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*  
(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury, Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

FLAIR ACCOUNT CODE

3720252600137 \_\_\_\_\_ 0000000020000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

FLAIR ACCOUNT CODE

3720252600137 \_\_\_\_\_ 00000022000000

\*\*\*\*\*  
CERTIFIED TRUE AND CORRECT this 17 day of November, 2011.

  
Signature and Title of Authorized Person

\*\*\*\*\*  
SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.

Refund # ~~0112517~~ 19745

PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

0112517 - 003

Facility Identification Number - If known (seven digit number)

0112517

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Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

Construct and operate a proposed new facility.

Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)

Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

Continue operating the facility after expiration of the current term of air general permit use.

Continue operating the facility after a change of ownership.

Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.

Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

DIVISION OF AIR  
RESOURCE MANAGEMENT

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

P & F Cleaners, Inc.

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Perfect Cleaners

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 1351 N Palm Ave

City: Pembroke Pines

County: Broward

Zip Code: 33026

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

N/A

**Facility Contact**

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>Eduardo Perez / President</u>		
<u>Facility Contact Telephone Numbers</u> Telephone: (954)583-4084 _____ Fax: _____ Cell phone: (954)901-7460 _____ E-mail: <u>ejperez@hotmai.com</u> _____		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>Perfect Cleaners</u> _____ Mailing Address: <u>1351 N Palm Ave</u> _____ City: <u>Pembroke Pines</u> _____ County: <u>Broward</u> Zip Code: <u>33026</u> _____		

**Other Contact/Representative (to serve as additional Department contact)**

<u>Name and Position Title</u> Print Name and Title: <u>Marielis Fernandez / Manager</u> _____		
<u>Other Contact/Representative Telephone Numbers</u> Telephone: <u>(954)583-4084</u> _____ Fax: _____ Cell phone: <u>(954)297-2294</u> _____ E-mail: <u>marielisfdz@hotmail.com</u> _____		
<u>Other Contact/Representative Mailing Address</u> Organization/Firm: <u>Perfect Cleaners</u> _____ Mailing Address: <u>1351 N Palm Ave</u> _____ City: <u>Pembroke Pines</u> _____ County: <u>Broward</u> Zip Code: <u>33026</u> _____		

**Government Facility Code (check only one)**

<input checked="" type="checkbox"/> <b>Facility not owned or operated by a federal, state, or local government.</b>
<input type="checkbox"/> <b>Facility owned or operated by the federal government.</b>
<input type="checkbox"/> <b>Facility owned or operated by the state.</b>
<input type="checkbox"/> <b>Facility owned or operated by the county.</b>
<input type="checkbox"/> <b>Facility owned or operated by the municipality.</b>
<input type="checkbox"/> <b>Facility owned or operated by a water management district.</b>

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
1999	New	RC	1999

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**1. (b) Is the facility a co-residential Dry Cleaning facility?**

No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**2. Perchloroethylene Usage**

<p>If this is an <b>initial registration</b> for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.</p>
<p>If this is a <b>re-registration</b> for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.</p> <p>95 Gal</p>

3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.

No steam and hot water generating units (boiler) onsite

BOILER	HORSEPOWER	FUEL TYPE*
Fulton	20	Propane

\*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

Florida Department of Environmental Protection  
Cash Receiving Application (CRA)

Cashlisting by Deposit #: 002252

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Cashlisting: 97250

Cashlist Area: 3755

Description: DIV OF AIR RESOURCES MGMT.

DIVISION OF AIR  
RESOURCE MANAGEMENT

Deposit No: 002252

Date Deposited: 11/14/2011

Contact: BARBARA FRIDAY

Object	Transmittal	Dep DDN	Receipt Number	Pre - Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	70816		762540		GROVE SCIENTIFIC & ENGINEERING CO	22334	\$100.00		1120472	960056	PFTF	
	70855	528239	762719		PET ANGEL WORLD FLORIDA LLC	1056	\$100.00		1120989	960264	PFTF	
	70856	528258	762738	✓	HOLIDAY CLEANERS	4290	\$100.00		1120788	960283	PFTF	
	70856	528259	762739	✓	& F CLEANERS INC	1112	\$100.00		1120789	960284	PFTF	
	70856	528265	762745		STM INDUSTRIES	4972	\$100.00		1120805	960290	PFTF	
<b>Object Code 002272 Subtotal:</b>							<b>\$500.00</b>					
002278	70849	528138	762616		HONC DESTRUCTION	2898	\$600.00	64668	1120885	960154	APCTF	
<b>Object Code 002278 Subtotal:</b>							<b>\$600.00</b>					
002303	70855	528236	762716		BROWARD COUNTY BOCC	001325868	\$600.00		1120986	960261	PFTF	
<b>Object Code 002303 Subtotal:</b>							<b>\$600.00</b>					
002304	70855	528236	762716		BROWARD COUNTY BOCC	001325868	\$150.00		1120985	960261	PFTF	
<b>Object Code 002304 Subtotal:</b>							<b>\$150.00</b>					
<b>Cashlisting 97250 Total:</b>							<b>\$1,850.00</b>					

Florida Department of Environmental Protection  
Cash Receiving Application (CRA)

Cashlisting by Deposit #: 002252

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NOV 16 2011

Cashlisting: 97250  
Deposit No: 002252

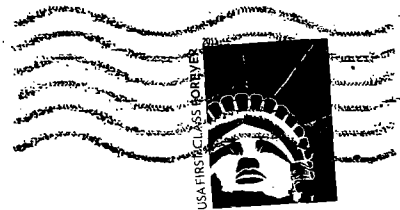
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RESOURCE MANAGEMENT

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<b>Cashlisting 97250 Total:</b>							<b>\$1,850.00</b>					

POFFER CLOAKS  
1351 N PALM AV.  
POMERONA PINES FL 33026



FDEX RECEIPTS  
PO BOX 3070  
TALLAHASSEE, FL 32315-3070

32315907070

