

# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

October 10, 2002

Mr. Fernando Cantillo  
Nu-Look 1 Hr Cleaners  
5891 South Military Trail  
Lake Worth, Florida 33463

Re: Facility No.: 0990520-002

Dear Mr. Cantillo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 2002.

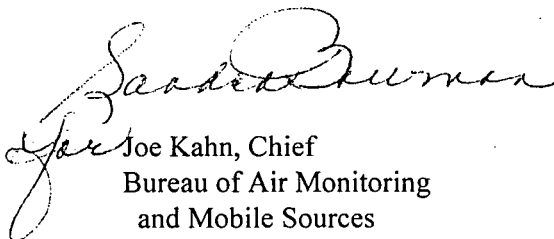
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

*"More Protection, Less Process"*

Printed on recycled paper.

Fees 97-01  
SOC 1  
Compliance IN

Page 16

6. (e) Required for all sources. Should be marked.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP 9 2002  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): E/VIYE & Co. Inc.
2. Site Name (For example, plant name or number): Nu-look 1 HR. CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 981072641
4. Facility Location: 5891 S MILITARY TRAIL - BAY 1 Street Address: City: Lake Worth FL County: Palm Beach Zip Code: 33463
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990520-002

Responsible Official

6. Name and Title of Responsible Official: Name: Fernando Cantillo Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5891 S MILITARY TRAIL City: Lake Worth FL County: Palm Beach Zip Code: 33463
8. Responsible Official Telephone Number: Telephone: (561) 964-0709 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -



**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
April 2002	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

*Transferred Perc. from OLD MACHINE TO NEW MACHINE*

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?

(Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  N/A OR  
No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  15

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log   
(b) Leak detection inspection and repair   
(c) Refrigerated condenser temperature monitoring   
(d) Carbon adsorber exhaust perc concentration monitoring   
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Fernando Cantillo  
Print name of responsible official

  
Signature

Aug 26/02  
Date



## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467064 JAN11 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 990520  
NU-LOOK 1 HR CLEANERS ✓  
5891 S Military Trail  
LAKE WORTH, FLORIDA 33463

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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WEST PALM BEACH

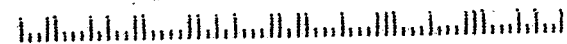
FL 334 B

08 JAN 2007 PM



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 8099



0151 4510 4144 0144 4510

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

3 203  
 Postmark Here  
*mm*

7003 0500 0004 0144 4510

TRACK ID # 990520

Total NU-LOOK 1 HR CLEANERS

Sent To FERNANDO CANTILLO

Street or PO 5891 S MILITARY TRAIL

City, S LAKE WORTH, FL 33463

# 0990520

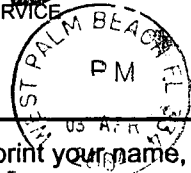
PS Form 3800, June 2002 See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>TRACK ID # 990520</p> <p>NU-LOOK 1 HR CLEANERS          FERNANDO CANTILLO          5891 S MILITARY TRAIL          LAKE WORTH, FL 33463</p> <p>AIR MAIL # 000570</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <i>Cleanny Key</i> <input type="checkbox"/> Address:</p> <p>B. Received by (Printed Name) C. Date of Delivery          4/3/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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7003 0500 0004 0144 4510

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FROM  
Far Far Away

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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

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32399-2400 03



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AIRS ID#0990520.....2<sup>nd</sup> Cert 05  
 NU-LOOK 1 HR CLEANERS  
 5891 S Military Trail  
 LAKE WORTH, FL 33463

PS Form 3800, June 2002 See Reverse for Instructions

0E95 9869 4000 0T52 4002 7004 2510 0004 6986 5630

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0990520.....2<sup>nd</sup> Cert 05  
 NU-LOOK 1 HR CLEANERS  
 5891 S Military Trail  
 LAKE WORTH, FL 33463

2. Article Number \_\_\_\_\_  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Espinoza Cortez*  Agent  Addressee  
 X \_\_\_\_\_

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.


4. Restricted Delivery? (Extra Fee)  Yes

7004 2510 0004 6986 5630

UNITED STATES POSTAL SERVICE



First-Class Mail  
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USPS  
Permit No. G-10

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DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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Postage \$	2nd Ct Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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AIRS ID # 990520	
Sent To FERNANDO CANTILLO NU-LOOK 1 HR CLEANERS 5891 S MILITARY TRAIL LAKE WORTH, FL 33463	
Street, Apt. 1 or PO Box N City, State, Z	

PS Form 3800, June 2002 See Reverse for Instructions

4029 4410 4000 0050 0007

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 990520

FERNANDO CANTILLO  
 NU-LOOK 1 HR CLEANERS  
 5891 S MILITARY TRAIL  
 LAKE WORTH, FL 33463

2. Article Number

7003 0500 0004 0144 8204

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Addressee  Agent 3/9/02
- X 3/9/02
- B. Received by (Printed Name)  Addressee  Agent
- Fernando Cantillo
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  No
- If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air  
& Noise  
Sources  
Monitoring

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Certified Fee			
Return Receipt Fee (Endorsement Required)			Postmark Here
Restricted Delivery Fee (Endorsement Required)			

ID# 990520  
 HERNANDO CANTILLO  
 NU-LOOK 1 HR CLEANERS  
 5891 S MILITARY TRAIL  
 LAKE WORTH, FL 33463

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8366

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ID# 990520            HERNANDO CANTILLO            NU-LOOK 1 HR CLEANERS            5891 S MILITARY TRAIL            LAKE WORTH, FL 33463         </div> <p>2 Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Cheermy Key</i></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; margin-right: 50px;"><i>2/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold;">7003 2260 0003 5650 8366</div>	

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Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Bureau of Air  
& Mobile  
Environ.  
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FEB 12 2004  
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 3510  
2600 BEAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BEST AVAILABLE COPY

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

450008 MAR30 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990520 10 NU-LOOK 1 HR CLEANERS 5891 S Military Trail LAKE WORTH, FL 33463
--

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<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
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 APR 1 2005  
 Bureau of Air Monitoring  
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458306 JAN23 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

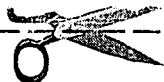
990520 10 NU-LOOK 1 HR CLEANERS 5891 S Military Trail LAKE WORTH, FL 33463
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Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200
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<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
---

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 JAN 25 2006  
 Bureau of Air Monitoring  
 & Mobile Sources



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437983 APR 1 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 990520
FERNANDO CANTILLO NU-LOOK 1 HR CLEANERS 5891 S MILITARY TRAIL LAKE WORTH, FL 33463

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APR 7 2004

Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421360 JAN 6 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0990520
NU-LOOK 1 HR CLEANERS FERNANDO CANTILLO 5891 S MILITARY TRAIL LAKE WORTH FL 33463

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JAN 08 2003

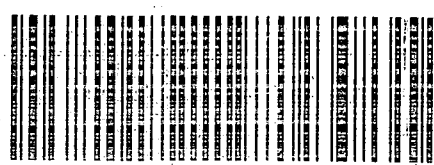
Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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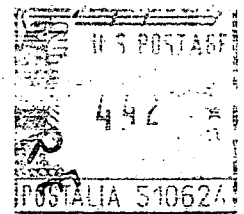
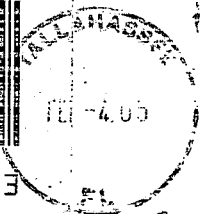
**CERTIFIED MAIL™**

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7004 2510 0002 3938 6983



**UNCLAIMED**

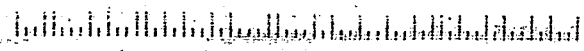
AIRS ID# 990520 1stC  
NU-LOOK 1 HR CLEANERS  
5891 S Military Trail  
LAKE WORTH, FL 33463

U.S. MAIL  
Mobile Source  
1-800-MONITORING

**RECEIVED**  
FEB 28 2005

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2/1/0  
2/2/00

30000 3500 01



Postnet barcode

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 AIRS ID# 990520 1stC  
 NU-LOOK 1 HR CLEANERS  
 5891 S Military Trail  
 LAKE WORTH, FL 33463

2. Article Number **7004 2510 0002 3938 6983**  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PSN 7004 2510 0002 3938 6983  
 7004 2510 0002 3938 6983

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Send to:  
 AIRS ID# 990520 1stC  
 NU-LOOK 1 HR CLEANERS  
 5891 S Military Trail  
 LAKE WORTH, FL 33463