

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 4, 2003

Mr. Edward Browne
Vanity Dry Cleaners & Formal Wear
321 Albert Lane
Port Charlotte, Florida 33954

Re: Facility No.: 0150063-003

Dear Mr. Browne:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 2003.

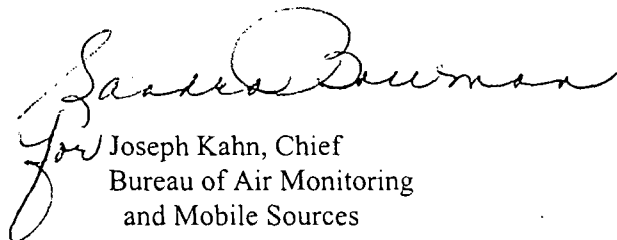
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE - '96 - 2002
SOC REPORT - 2
COMPLIANCE STATUS - SNC (10/21/03)

RECEIVED
OCT 27 2003

Bureau of Air Monitoring & Mobile Sources
PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM
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):	VANITY DRY CLEANERS & FORMAL WEAR
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	3231-F TAMiami TRAIL P. CHARLOTTE FL. County: CHARLOTTE Zip Code: 33952
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0150063-008

Responsible Official

6. Name and Title of Responsible Official: Name:	EDWARD BROWNE	Title:	Owner/President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	32 ALBERT LANE PORT CHARLOTTE FL. County: CHARLOTTE	Zip Code:	33954
8. Responsible Official Telephone Number: Telephone:	(941) 204 3224	Fax:	(941) 625 9477

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	DOROTHY BROWNE		
10. Facility Contact Address: Street Address: City:	213 HALLCREST TERRACE P. CHARLOTTE FL. County: CHARLOTTE	Zip Code:	33954
11. Facility Contact Telephone Number: Telephone:	(941) 204 3226	Fax:	(941) 625 9477

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")
<i>WAS HERE WHEN I BOUGHT BUSINESS</i>	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>SAME</u>
_____	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?

5 } 115.8 96.2 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 _____)

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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

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

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

New Owner

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Previous Owner NO LONGER HERE.

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.

EDWARD BROWNE

Print name of responsible official

[Handwritten Signature]

Signature

10-21-03

Date

11/18/2003

Spoke with Mr. Edward Browne, president, Vanity Dry Cleaners & Formal Wear, and he stated that the perchloroethylene dry-to-dry machine is approximately two years old. I discussed with Mr. Browne the classification between an existing and new dry-to-dry perchloroethylene machine and that each has specific monitoring requirements.

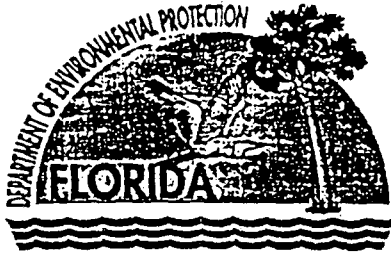
Page 14

- 1.(a) Add Date Initially Purchased from Manufacturer for dry-to-dry perchloroethylene machines.

Page 15

4. New machines at small area source Refrigerated condenser should be marked for a two year old dry-to-dry perchloroethylene machines.
5. (c) Refrigerated condenser temperature monitoring is required for new dry-to-dry perchloroethylene machines.

Bob Stewart - Robert Stewart
air resources mgmt
1 District - Ft Myers
(239) 332-6975 Ext 160
239/332-6969



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 12/2/2005
TO: Robert Stewart (Bob)
PHONE: (239) 332-6975 FAX: 239/332-6969
FROM: Bruce Thomas PHONE: 850/921-7744
MOBILE SOURCE CONTROL SECTION FAX: 850.922.6979
RE: ID# 0150063-003
CC: _____

Total number of pages including cover sheet: 6

Message
Any questions, please contact Bruce Thomas
at the telephone number listed above or
Pat Grant @ 850/921-2258.

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 15 2005
Surrey
2 Middle

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): VANITY DRY CLEANERS & Formal Wear
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3596 TAMMAM TRAIL, UNIT S City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33952
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0150063-003

Responsible Official

6. Name and Title of Responsible Official: Name: EDWARD BROWNE Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 231 ALBERT LANE City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33954
8. Responsible Official Telephone Number: Telephone: (941) 204 3224 Fax: (941) 625 9477

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): DOROTHY BROWNE
10. Facility Contact Address: Street Address: 213 HAWKCREST TERRACE City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33954
11. Facility Contact Telephone Number: Telephone: (941) 204 3226 Fax: (941) 625 9477

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")
BOUGHT WITH BUSINESS IN 2001	<input checked="" type="radio"/> Existing <input 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 _____)

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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

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

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:

NEW ADDRESS

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.

EDWARDS BROWN
Print name of responsible official

[Signature]
Signature

3.10.05
Date



Dry Cleaners & Formal Wear, Inc.

Main Office: 3596 Tamiami Trail, Unit S, Port Charlotte, FL 33952. Tel: (941) 625-4777

Fax: (941) 625-9477

Drop Store: 306 W. Marion Ave. Punta Gorda, FL. Tel: (941) 575-2244

March 9, 2005

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

Dear Sirs:

Re: Dry General Permit Notification Form

Enclosed please find our Perchloroethylene Dry Cleaner Air Permit Notification Form for our new facility.

We have had to move to a new facility since our old building was severely damaged by Hurricane Charley. We are therefore submitting the above-mentioned application for our new facility to ensure compliance with prevailing regulations.

Please contact me at 941-204-3224 if any additional information is needed.

Sincerely
Vanity Dry Cleaners

Edward Browne
Owner

TRANSMISSION VERIFICATION REPORT

TIME : 12/02/2005 14:32
NAME : DIVISION OF AIR
FAX : 8509219533
TEL : 8504880114
SER.# : BROG2J567933

DATE, TIME	12/02 14:32
FAX NO./NAME	612393326969
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 15 2005
Bureau of Air, Water, and
& Mobile Source

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): VANITY DRY CLEANERS & FORMAL WEAR
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3596 TAMMAM TRAIL, UNIT 5 City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33952
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0150063-003

Responsible Official

6. Name and Title of Responsible Official: Name: EDWARD BROWNE Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 231 ALBERT LANE City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33954
8. Responsible Official Telephone Number: Telephone: (941) 204 3224 Fax: (941) 625 9477

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): DOROTHY BROWNE
10. Facility Contact Address: Street Address: 213 HAWKCREST TERRACE City: PORT CHARLOTTE FL. County: CHARLOTTE Zip Code: 33954
11. Facility Contact Telephone Number: Telephone: (941) 204 3226 Fax: (941) 625 9477

Facility Information

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

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 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")
Bought with Business in 2001	Existing	RC/CA/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? [0]

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?

[115.0] 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 _____)

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 OR
 No such units on-site

How many boilers do you have on-site? /

For each boiler, indicate its horsepower (HP) rating: 30

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

NFW ADDRESS

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.

EDWARD BROWN
Print name of responsible official

[Signature]
Signature

3.10.05
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457639 JAN 5 2006
457640 JAN 5 2006

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

RECEIVED
JAN 5 2006
Bureau of Air & Mobile Sources
Do NOT Remove Label

TOTAL AMOUNT DUE: \$50.00

150063
VANITY DRY CLEANERS & FORMAL WEAR
3596 Tamiami Trail
PORT CHARLOTTE, FL 33952

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466220 DEC 18 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

AIRS ID# 150063
VANITY DRY CLEANERS & FORMAL WEAR
3596 Tamiami Trail
PORT CHARLOTTE, FLORIDA

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446661 FEB 16 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

3596
AIRS ID# 150063 1stC
VANITY DRY CLEANERS & FORMAL WEAR
3231-F Tamiami Trail
PORT CHARLOTTE, FL 33952

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

RECEIVED
FEB 17 2006
Bureau of Air & Mobile Sources

Printed on recycled paper.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID# 150063 1stC

Sent To: VANITY DRY CLEANERS & FORMAL WEAR

Street, Apt. No.; or PO Box No.: 3231-F Tamiami Trail

City, State, ZIP+4: PORT CHARLOTTE, FL 33952

PS Form 3800, June 2003

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# 150063 1stC
 VANITY DRY CLEANERS & FORMAL WEAR
 3231-F Tamiami Trail
 PORT CHARLOTTE, FL 33952

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 0287

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery: 2/9/05

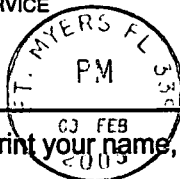
D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

RECEIVED
FEB 17 2005

Bureau of Air Monitoring & Mobile Sources
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

