



# SMALL BUSINESS ASSISTANCE APPLICATION

## FACILITY INFORMATION

**GENERAL INSTRUCTIONS:** The following information is required to estimate emissions from your facility. Please fill out all information for your facility and indicate “NA” for those that are not applicable and “UN” for those that are unknown at this time. Emission estimates and permit applications will only be as accurate as the information provided on the questionnaire. Email the completed form and other documentation to [envhelp@ky.gov](mailto:envhelp@ky.gov).

**Incomplete Small Business Assistance Applications will not be processed.**

## SMALL BUSINESS APPLICABILITY

**Please answer the following questions to see if your business qualifies for our detailed small business assistance:**

**YES**

**NO**

1. **SIZE:** Does the business employ fewer than 100 employees worldwide, across all locations?
2. **STATUS:** Is the business a Minor source of air emissions under applicable regulations (not a Major polluter)?
3. **OWNERSHIP:** Is the business owned by an individual or a small group of private owners – not by a larger parent company, corporation, chain, or franchise?
4. **OPERATIONAL CONTROL:** Are the day-to-day decisions and operations managed by the owner(s) themselves, rather than being directed by a parent or corporate office?
5. **BUSINESS INDEPENDENCE:**
  - Does the business operate independently and not rely on another company as its sole source of income, products, or services?
  - Can the business stand alone without acting as the primary support for, or relying on, another company?
  - Does the business set its own policies, branding, pricing, and practices without needing to follow the rules or systems of a parent organization?

6. **LEGAL AND FINANCIAL SEPARATION:** Is the business legally and financially separate from any larger business entity (profits, liabilities, and responsibilities rest with the owner(s)?)

**\* If you answered “No” to any of the above questions, the business is NOT eligible for ECAP’s detailed small business assistance services, and you do not need to complete the remainder of this form. If additional assistance is needed, we recommend contacting an [environmental consulting firm](#) or referencing general guidance on [ECAP’s web-site](#).**

## CONTACT/OWNER

FACILITY NAME:

FACILITY ADDRESS:

MAILING ADDRESS:

[NAICS:](#)

[SIC:](#)

CONTACT NAME:

CONTACT TITLE:

PHONE NUMBER:

EMAIL:

OWNERS AND OFFICERS:

(Name), (Title)

## ASSISTANCE REQUEST TYPE

**Please list the help you are requesting with any details you can provide. Common services include: air permit application guidance (new, revisions, etc.), creating recordkeeping logs, compliance site visits, etc.**

## PROCESS DESCRIPTION

1. What is your primary product?
2. What is the projected maximum production capacity for your facility?
3. What are your planned air pollution emission controls? (Please describe)
4. What is your proposed construction date?
5. What is your proposed operational start date?

**YES**

**NO**

6. Does your facility conduct activities associated with manufacturing that may require an industrial wastewater discharge permit?
7. Will you be generating hazardous waste at your facility?
8. Do you use proprietary processes or materials at your facility?
9. Do you generate any universal hazardous waste at your facility? (e.g., light bulbs/lamps, aerosol cans, mercury-containing devices, batteries, or pesticides)
10. Please provide a facility-wide summary of the manufacturing process, starting with the raw materials when they arrive at the facility and ending when the finished product leaves the facility. Please be as detailed as possible.

## FACILITY INFORMATION

### LOCATION

**(Latitude, Longitude):**

**PROPERTY SIZE (in square feet or acres):**

**NUMBER OF EMPLOYEES:**

**DAILY HOURS OF OPERATION:**

**List all scheduled days (including holidays) on which the facility is closed:**

**Monday:**

**Tuesday:**

**Wednesday:**

**Thursday:**

**Friday:**

**Saturday:**

**Sunday:**

### OTHER

**YES**

**NO**

1. Has your company filed an emergency response plan with local and/or state and federal officials outlining measures to mitigate an emergency release?
2. Has your company filed the appropriate forms for the authority to do business in Kentucky (Certificate of Authority, Articles of Incorporation, etc.) with the Office of the Secretary of State, and is it in "Active" status?

## ADDITIONAL INFORMATION REQUIRED FOR AIR PERMIT APPLICATION ASSISTANCE

**If the following information is not submitted, then your application for Air Permit Application assistance is not complete and cannot be processed.**

**The following information is not required for most other assistance requests. If you have any questions about whether or not you need to submit the following materials, please email [envhelp@ky.gov](mailto:envhelp@ky.gov).**

### FACILITY LAYOUT MAP

Submit a facility layout map – label rooms and work areas; identify where any operations/ processes occur in the facility or on the property; show where equipment is located; identify all locations of exhausts or stacks; include exterior grounds and storage locations. This can be hand-drawn or created digitally.

### FACILITY FLOW DIAGRAM

Submit a facility flow diagram – identify the path materials take through your processes, from arrival of raw materials to the final products being shipped out; show where in the facility layout the different processes, operations, or material storage occur. This can be hand-drawn or created digitally.

### MACHINE SPECIFICATIONS

Submit a list of equipment – include make, model, and maximum process rates of any equipment. If manufacturer specification sheets are available, please provide them. If equipment is custom-designed, please include rough schematics.

### PRODUCT DATA

Submit a list of equipment – include make, model, and maximum process rates of any equipment. If manufacturer specification sheets are available, please provide them. If equipment is custom-designed, please include rough schematics.