



Premises Operating Permit Application Dangerous Substances Law (2017 Revision) Section 4

Type of Application	New	Renewal with No Changes to Premises	Renewal with Changes to Premises	Form OP17-oo001 Revision: January 2021
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A) Applicant Information

Applicant Name or Principal Officer of Business Entity	Business name (where applicable)
Physical or Street Address of Premises	PO Box & Postal Code
District	Applicant or Business E-mail address (where applicable)
Block & Parcel	Primary Contact Number
Is the premises leased or owned by the applicant?	After Hours Contact Number
Leased Owned	

B) Premises Information

Type	Total Aggregate Storage Capacity (Imp Gal)
Residential Gas Station/Marina	
Business Government	
Other	

C) Storage Information (If >5 tanks, provide the information on additional forms)

Tank #1	Type:	Aboveground	Underground	Mounded
Location	Inside a Structure	Outside		
Configuration	Double-Walled	Single-Walled	Diked	
Product to be Stored		Capacity (Imp Gal)	Year Installed	Year Manufactured
Purpose:	Generator Supply	On Site Use	Public Distribution	

Multiple tanks matching the above information? Yes No If yes, how many additional tanks?

Tank #2 Type Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #3 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #4 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #5 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Please mail or deliver this form, accompanied by the relevant fees & required documentation to:

Fuels | OfReg

Allista Towers 3rd Floor, 85 North Sound Rd, George Town, Grand Cayman, Cayman Islands

P.O. Box 10189 KY1-1002

Tel: (345) 946.4282

Email: fuels@ofreg.ky

Payments can be made by cash, credit card, cheque or electronic fund transfer via account information provided separately by the Office. All cheques are to be made payable to 'OfReg' and delivered/mailed to the Office with application form.

Internal Use Only

Reference Number

Date Received:

Date
Processed

Date Permit Sent

Application
Approved?

Yes
No

Permit Number