



WATER QUALITY PERMIT FEE PROGRAM
Industrial Stormwater - Gross Revenue Information
For Fiscal Year 2024 Fee Assessment (July 1, 2023 – June 30, 2024)

FORM DUE DATE: MARCH 15, 2023

This form will be available online after February 1, 2023 in your SAW account for this permit no, and for submitting the form online.

Section 1. General Information

Business and Facility Name: Bellingham Shipping Terminal	Permit Number: WAR 305536
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Section 2. Permittee Information

Contact Name: Alice Cords	Phone Number: (360) 676-2500
Mailing Address: PO Box 1677	Email: alicec@portofbellingham.com
City: Bellingham	
State: WA	ZIP: 98227

Section 3. Permittee Type

Please check one of the following as it pertains to your permitted operation:

<input type="radio"/>	Existing Business (go to Section 4)
<input checked="" type="radio"/>	Municipality, Public-owned Entity – (Port, District, School, etc.), State / Federal Agency (do not fill out section 4, go to Section 5)
<input type="radio"/>	Newly permitted business with no gross revenue information for calendar year 2022 (go to Section 5)

Section 4. Gross Revenue Earned for calendar year 2022.

<input type="radio"/>	<\$100,000
<input type="radio"/>	\$100,000 - <\$500,000
<input type="radio"/>	\$500,000 - <\$1,000,000
<input type="radio"/>	\$1,000,000 - <\$2,500,000
<input type="radio"/>	\$2,500,000 - <\$5,000,000
<input type="radio"/>	\$5,000,000 - <\$10,000,000
<input type="radio"/>	\$10,000,000 - <\$15,000,000
<input type="radio"/>	\$15,000,000 - <\$20,000,000
<input type="radio"/>	\$20,000,000 and above

Failure to provide the requested information by the Due Date will result in the permit fee amount being assessed in the highest gross revenue category per the Fee Rule.

Section 5. Certification of Information

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there may be significant penalties for submitting false information, including reassessment of fees.

Name: Rob Fix (print)	Title Executive Director
Signature: 	Date 3/9/23

EMAIL completed form by MARCH 30, 2022 to: wqfeeunit@ecy.wa.gov