



Missouri Clean Marina Program Application

Facility Name

Facility Address

City

County

Zip Code

Facility Mailing Address (if different)

City

County

Zip Code

Contact Person

Phone#

Cell#

Fax#

Contact E-mail Address

Website URL

Contact Person Title

Lessee/Owner's Name (if different)

Address

City

County

Zip

-
- Area of lake facility is located on _____
 - Number of Slips: Wet _____ Dry _____ Mooring _____ # Courtesy Slips _____
 - Does facility have a pump out station? Yes _____ NO _____
 - Check all Services that apply:
 - Fueling _____ Engine Maintenance _____ Boat Repair/Painting _____ Pressure Washing _____ Retail Store _____ Shore-side Restrooms _____ Showers _____ Recycling _____ Hazardous Material Collection _____

Have there been any regulatory inspections at your facility during the past year? Yes ___ No ___

Has your facility been under any enforcement during the past year? Yes ___ No ___

- If yes, what was the non-compliance issue and has it been resolved _____

Any other information you would like to add.

Applicant Name

Date

Applicant Title