



Arkansas 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 _____ 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 & Title

Date