

Schedule 5 Application for Generation Licence - Self Generators 20 kW and over

Section A	-	<u>1:</u>

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1.	Name of Applicant: Fine Foods Inc.	· · · ·	
	() Individual () Company () Partnersh	ip	
2.	Postal Address: P.O. BOX 40	•••	
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3.	Street Address: Jimmit Industrial road, Roseau, Dominica	••••	
		•••••	
		•••••	
4.	Telephone No: (767) 255-6810 (m)	• • • • • • • • •	
	Fax No:		
5.	E Mail:	••••••	
			가서 있는 것 같아졌어요. * *
6.	Address/location where Generator is installed:		
	Fresh Market, 1st Cork street		
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Section A - 2

- 1. Is the generation equipment you own and/or operated/used as your main source of electricity or for stand-by purposes only?
 - () Main Source (/) Standby Purposes Only
- 2. Please provide the following information about your generation equipment (attach additional pages if spaces provided below are not sufficient):

a. Prime Mover Combustion Engine	g. Output Voltage 230/400
b. Date of Installation DEC 2018	h. Fuel Type Diesel
c. Manufacturer FG Wilson	i. Est. Cost/ kWh (EC\$ <u>)</u> 0.8
d. Capacity Rating (KVA) 400	j. kWh Generated/Mth
e. Single or Three Phase Three phase	k. Av. Fuel Cons/Mth (gals)
f. Frequency (50 or 60 Hz) <u>50 Hz</u>	l. Av. Oper. Hrs./Mth

3. How/where is the generator housed? ON FLAT CONCRETE ROOF

- 4. How/where is fuel stored? base tank and bulk tank
- 5. Vol. of Fuel storage? 450 GAL BULK TANK AND 235 GAL BASE TANK
- 6. How is the lubricating oil used in the generator disposed of?

by service contractor

- 7. What kind of emission control device does the installation have? Fuel Optimizer
- 8. What kind of noise control device does the installation have? Outdoor Acoustic Enclosure

- 9. (*For businesses*) Do you have an environmental management plan? <u>NO</u> (If yes), please attach a copy.
- 10. Is the installation certified by the Government Electrical Inspector? <u>yes</u> (Attach copy of certificate)
- 11. Will the generator be connected to the National Grid? () Yes (\checkmark) No

I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature:	Date:	15/2/22	
Name (please print): SHAME PIEGO	let		:
Company: Fine Tools Inc.	<u> </u>		

Post/Email or hand-deliver this application to: Executive Director INDEPENDENT REGULATORY COMMISSION 42- Cork Street Roseau, Commonwealth of Dominica Tel: 767 440 6634 Fax: 767 440 6635 Email: <u>admin@ircdominca.org</u> <u>www.ircdominca.org</u>



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