



Food Establishment Discharge Permit Application

Food Facility Name: _____

Facility Address: _____ City: _____ Zip: _____

Facility Owner: _____

Phone Number: _____ Email: _____

Mailing address (if different than above)

Address: _____

City: _____ Zip: _____

Type of Grease Recovery System – Attached Diagram of Trap Design or Engineering.

Exterior Grease Trap Gallon Capacity	
750	1000
1500	2000
2500	3000

Passive Interior Grease Trap
Type:
Size:

Automated Interior Grease Trap
Type:
Size:

Waste Hauler: _____

Address: _____ City: _____ Zip: _____

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervisor in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations"

Signature of Authorized Representative _____ Date: _____

City Authorization _____ Date: _____