ENVIRONMENTAL COMPLIANCE DIVISION
FATS, OIL AND GREASE DISCHARGE PERMIT APPLICATION FORM

Note: Please read all attached instructions prior to completing this application.

RETURN THIS FORM TO:
GREASE MANAGEMENT PROGRAM
WATER RESOURCES DEPARTMENT - ECD
1650 THIRD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

SECTION A – GENERAL INFORMATION

1. Facility Name: __________________________________________________________

2. Facility Street Address: ________________________________________________
   City: __________________________  State: ___________  Zip: ________

3. Business Mailing Address: (if different from 2. above) DO NOT USE P.O. BOX
   Street: ____________________________________________________________
   City: __________________________  State: ___________  Zip: ________

4. Owner of Premises (if different than facility):
   Name: ________________________________________________________________
   Address: ______________________________________________________________
   Telephone number: ____________________________________________________

5. Designated signatory authority of the facility: ____________________________
   [See instructions]
   Name: ________________________________________________________________
   Title: __________________________________________________________________
   Address: _______________________________________________________________
   City: __________________________  State: ___________  Zip: ________
   Telephone number: __________________

6. Designated facility contact:
   Name: ________________________________________________________________
   Title: __________________________________________________________________
   Telephone number: __________________
SECTION B – WATER SUPPLY  *Attach a copy of your most recent water bill.*

1. Name as it appears on water bill: ______________________________________
   Additional name, (if applicable): ________________________________________
   Address: _____________________________________________________________
   City: __________________ State: _______ Zip: ______

2. Water Service Account Number(s):
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility.

   [ ] Fast food restaurant    [ ] Nursing home/ACLF
   [ ] Full Service Restaurant [ ] Hotel / Motel
   [ ] Drive through (only) Restaurant [ ] School
   [ ] Seasonal Restaurant    [ ] Club/Organization
   [ ] Coffee Shop           [ ] Company / Office Building
   [ ] Bakery                [ ] Ice Cream Shop
   [ ] Supermarket           [ ] Hospital
   [ ] Religious Institution [ ] Other ____________________________

2. Please indicate each item that you currently have in your facility and the quantity of each:

   [ ] Grill ___________ [ ] Tilt Kettle/Crock Pot ___________
   [ ] Oven ___________  [ ] Garbage Disposal ___________
   [ ] Dishwasher ___________ [ ] 3 Bay Pot Sink ___________
   [ ] Pre rinse Sink ___________ [ ] 2 Bay Pot Sink ___________
   [ ] Mop Sink ___________ [ ] Single Bay Sink ___________
   [ ] Deep Fryer ___________ [ ] Other Equipment ___________
3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. (see instructions for additional information).

4. What is the seating capacity at your facility? _________________________________

5. What are the days and hours of operation? _________________________________

SECTION D – WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.
   - [ ] Existing Sewer Discharge
   - [ ] Proposed (new) Sewer Discharge
   - [ ] Existing Septic System

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volumes or characteristics?
   - [ ] Yes
   - [ ] No

3. If yes to question 2 above briefly describe these changes and their effects on the wastewater volume and characteristics. (Attach additional sheets if needed.)
   _______________________________________________________________________
   _______________________________________________________________________

SECTION E – TREATMENT

1. Do you have a grease interceptor or grease trap? (see instructions for definitions)
   - [ ] Interceptor
   - [ ] Trap
   - [ ] Both
   - [ ] None

2. Complete the following for all grease removal device(s):
   a. Make and Model:________________________________________________________
      Location (kitchen, parking lot, etc):_____________________________________
      Capacity of grease removal device (in gallons):___________________________
   b. Make and Model:________________________________________________________
      Location (kitchen, parking lot, etc):_____________________________________
      Capacity of grease removal device (in gallons):___________________________
3. If the INDOOR grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?
   [ ] Trash
   [ ] Contractor disposes of grease
   [ ] Recycle
   [ ] Other explain: ______________________________________________________
       ______________________________________________________________________

4. If a contractor(s) cleans the INDOOR or OUTDOOR grease removal device(s), please list the following:
   a. Contractor Name: _______________________________________________
      Address: ____________________________________________________________
      City: _______________ State: _________ Zip: ______
      Telephone number: __________________

   b. Contractor Name: _______________________________________________
      Address: ____________________________________________________________
      City: _______________ State: _________ Zip: ______
      Telephone number: __________________

5. If your facility has grills/ovens which type of exhaust cleaning system do you use?
   [ ] Automatic
   [ ] Manual

6. Are there any additives placed in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, etc.?)
   [ ] Yes
   [ ] No

7. If yes to question 6 above, please complete the following table and attach a MSDS sheet for each product:

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<tr>
<th>LOCATION</th>
<th>ADDITIVE NAME</th>
<th>ADDITIVE FREQUENCY</th>
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SECTION F – Recycling

1. Do you recycle the grease produced at your facility?
   [ ] Yes    [ ] No

2. If yes, which company or companies recycles your grease?
  ___________________________________________________________________________
   ____________________________________________________________________________

3. Is there a recycling container on-site?
   [ ] Yes    [ ] No

4. If yes to question 2, how many recycling containers are on-site? _____________

5. Have pollution prevention measures been implemented?
   [ ] Yes    [ ] No

6. If yes, explain briefly the pollution prevention measures that have been implemented.
   (Attach additional sheets if necessary). ___________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

ATTACH A COPY OF YOUR MENU TO THE APPLICATION.
Authorized Representative Statement:

I certify that I have received Section 27-332 through Section 27-340 of the St. Petersburg City Code and understand that all food service facilities must have a grease removal device before discharge of fats, oil and greases to the City of St. Petersburg sanitary sewer system.

I further 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 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 fine and imprisonment for knowing violations.

Name: ____________________________________
Title: ____________________________________
________________________________________  _______________________
Signature                              Date

FOR CITY USE

Application complete    _____ Yes   _____ No
Date of pre-permit inspection: ________________________________
Service Area FSF located in:  1  2  3  4
Permit to be granted__________________________ or rejected__________________________
Explanation for rejection_________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date:________________________  __________________________________________
Application Reviewer