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

RETURN THIS FORM TO: GREASE MANAGEMENT PROGRAM
1650 THIRD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

SECTION A – GENERAL INFORMATION

1. Facility Name: _________________________________________________________

2. Facility Street Address: _________________________________________________
   City: __________________________ State: ___________ Zip: _______
   Phone Number: __________________ Website: __________________

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: __________________________
   Name: ________________________________________________________________
   Title: _________________________________________________________________
   Address: _______________________________________________________________
   City: __________________________ State: ___________ Zip: __________
   Telephone number: _______________________ E-mail Address _______________

6. Designated facility contact:
   Name: ________________________________________________________________
   Title: _________________________________________________________________
   Telephone number: _______________________ E-mail Address _____________
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): ______________________________________
   __________________________________

Authorized Representative Statement:

I certify that I have received and read Section 27-334 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