



City of St Petersburg – Water Resources Department – Environmental Compliance Division – Grease Management Program

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