



**CLEVELAND PUBLIC WORKS
FATS, OIL & GREASE PROGRAM
GREASE MANAGEMENT
85 South Main Street
Cleveland, GA 30528
Phone 706-865-2017 Fax 706-219-3220**

**FOOD SERVICE
WASTEWATER DISCHARGE PERMIT APPLICATION**

Facility Information

1. Company Name: _____
 - a) Facility Name: _____
 - b) Corporate Owner: _____

2. Facility Address: Street: _____
City: _____ Zip: _____
Business License #: _____
State or Federal Tax ID #: _____.

3. Facility Contact Name: _____
Position/Title: _____
Facility Phone: _____ Fax: _____
E-mail: _____

4. Corporate Contact: _____
Corporate Title/Position: _____
Street: _____
City: _____ State: _____ Zip: _____
Corporate Phone: _____ Fax: _____
E-mail: _____
Mailing address (if different): _____
City: _____ State: _____ Zip: _____

Food Service Activity

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

- Fast food restaurant/722211
- Full Service Restaurant/ 72210
- Meat Markets/445210
- Fish and Seafood/445220
- Fruits &Vegetables Markets/445230
- Religious Institutions/ 813110
- Elementary Schools/611110
- Junior College/611210
- Business Schools/611410
- Supermarkets/445110
- Convenience Stores/445120
- Cafeterias/ 722212
- Snack &Non Alcoholic/722213
- Food Service Contractor/722310
- Caterers/ 722320
- Bars/Lounges/722410
- Colleges Universities/611310
- Professional Schools/611430

***(Please attach a copy of your menu)**

6. Standard Industrial Classification Codes (NAICS, refer to list above).

PRODUCT OR SERVICE	NAICS CODE	% ACTIVITY

7. Describe the wastewater generating operations. _____

8. Is the wastewater discharge batch or continuous? (Circle one)

9. Is your facility open 24 hours?

- Yes No

10. Months of operation (circle) J F M A M J J A S O N D Peak months _____
 Days of operation (circle) M T W Th F S S Open on holidays? _____

11. Total number of employees _____

- Shift 1. _____ Start Time _____
- Shift 2. _____ Start Time _____
- Shift 3. _____ Start Time _____

12. Total seating capacity _____ (by fire inspector / CO).

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

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Grill | _____ | <input type="checkbox"/> Tilt Kettle/Crock Pot | _____ |
| <input type="checkbox"/> Oven | _____ | <input type="checkbox"/> Garbage Disposal | _____ |
| <input type="checkbox"/> Dishwasher | _____ | <input type="checkbox"/> 4 Compartment Sink | _____ |
| <input type="checkbox"/> Pre rinse Sink | _____ | <input type="checkbox"/> 3 Compartment Sink | _____ |
| <input type="checkbox"/> Mop Sink | _____ | <input type="checkbox"/> 2 Compartment Sink | _____ |
| <input type="checkbox"/> Deep Fryer | _____ | <input type="checkbox"/> Hand sinks | _____ |
| <input type="checkbox"/> Floor drains | _____ | <input type="checkbox"/> Other Equipment (list) | _____ |

List dimensions (separately) of each piece of equipment that would impact the sanitary sewer line. (list on a separate sheet)

Fryer Oil Maintenance

14. Do you have fryer grease? Y / N Amount _____ gals.

15. Is there a recycling container on-site?

- Yes No

16. How is the fryer oil handled? _____

17. Fryers Grease Hauler: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Grease Trap Maintenance

18. Provide information on your Grease Trap and Fryers Grease Removal Equipment.

Location	Size (capacity) in gallons	Type (Outdoor, Indoor, Mechanical, or None)

Attach additional sheets if necessary.

19. Who services your grease traps?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Disposal Site: _____

20. Disposal site of grease removed from grease trap (Refer to Manifest for disposal info): _____

21. What is your current grease trap cleaning schedule? _____

22. Where in your facility are the manifest records kept? _____

Water Account Numbers:

23. Name as it appears on Water Bill: _____
Service Address: _____
Street: _____
City: _____ State: _____ Zip: _____

24. Billing Address (if different) _____
Street: _____
City: _____ State: _____ Zip: _____

25. List water account numbers:

#1	#4
#2	#5
#3	#6

26. Does your facility use water from another source (wells etc.)? Y / N
If yes, describe: _____

Attach a copy of the latest water bill for this facility

Attach a copy of application for a White County Health Department Permit, or a copy of the White County Health Department Permit that has been issued to this facility.

Attach a up to date copy of the indoor and outdoor plumbing plans, these plans should include the location of all water meters, facility sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms etc. etc.. Blue prints are acceptable; a “to scale” hand drawn copy may be acceptable in some cases.

Attach a copy of a recorded survey of the property.

AUTHORIZED REPRESENTATIVE STATEMENT

I, being duly authorized to sign this document, and in consideration for the granting of a Food Service Wastewater Discharge Permit, do hereby agree to allow duly authorized employees of the City of Cleveland the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photographing or testing.

Additionally, I agree to abide by all applicable provisions of Chapter 58 - Utilities; of the City of Cleveland Code of Ordinances.

I understand that failure to abide by the terms of this permit may be cause for disconnection of sewer service or water service to the property authorized to discharge by this permit.

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 citations or imprisonment for known violations.

SIGNATURE: _____

NAME (printed): _____

TITLE: _____

DATE: _____

Sworn to and subscribed before me,
this ___ day of _____, 2013.

Notary Public

My commission expires: _____