



# FOOD SERVICE PERMIT APPLICATION

Date Submitted: \_\_\_\_\_

<b>Establishment Name:</b>								
<b>Establishment Address:</b>						<b>City:</b>		<b>ZIP:</b>
<b>Area (Square Feet):</b>			<b>Number of Seats:</b>			<b>Estimated Number of Meals/Day:</b>		
<b>Days/Hours of Operation:</b>								
<b>Name of shopping center, if applicable:</b>								
<b>Was space previously occupied? If so, identify previous tenant and type of business if possible:</b>								
<b>Property Manager / Owner information</b>								
<b>Name:</b>					<b>Title:</b>			
<b>Mailing Address:</b>								
<b>Email Address:</b>								
<b>Submitted By:</b>				<b>Phone:</b>			<b>Cell:</b>	
<b>Do you have a grease trap, interceptor, or other grease removal device?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>Grease Trap/Interceptor size (gallons):</b>					<b>Location (i.e., front/back/side):</b>			
<b>Will your business have any of the following? Indicate number (#) of fixtures, YES or NO below:</b>								
Garbage Disposal, Food Waste Grinder	#	<input type="checkbox"/> NO	Serving dishes washed on site	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Wok range	#	<input type="checkbox"/> NO
Dishwasher	#	<input type="checkbox"/> NO	Take-out service	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Salad bar	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disposable dishes/utensils	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ovens	#	<input type="checkbox"/> NO	Soup vat	#	<input type="checkbox"/> NO
Washable dishes/utensils	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Range	#	<input type="checkbox"/> NO	Other (describe below)	#	
Grill hood cleaning	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Grill	#	<input type="checkbox"/> NO			
Catering by outside vendor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fryers	#	<input type="checkbox"/> NO			
<b>How would you classify your establishment? Check all that apply below:</b>								
<input type="checkbox"/> Commercial Kitchen/Cafeteria			<input type="checkbox"/> Full-Service Restaurant			<input type="checkbox"/> Catering Service		
<input type="checkbox"/> Food Manufacturing			<input type="checkbox"/> Self-Service Restaurant			<input type="checkbox"/> Other (please describe below)		
			<input type="checkbox"/> Take-out Restaurant					
<b>Description of Food Establishment:</b> (examples: "Boba Tea Shop that also serves fried foods such as Popcorn Chicken and French Fries" ... "Indian Restaurant that serves strictly vegetarian foods and baked goods")								

<b>Food Establishment Owner Information</b>		
Name:	Title:	
Mailing Address:		
Email Address:		
Submitted By:	Phone:	Cell:
<b><i>Return this form to Union Sanitary District and attach copy of menu and 3 sets of plans</i></b>		

I, \_\_\_\_\_, acknowledge that the grease trap/Interceptor and fees required for (name of establishment) \_\_\_\_\_

will be based upon the plans and application I have submitted to Union Sanitary District (District). I certify that the information submitted about my restaurant is accurate. I understand that the grease trap/interceptor must be maintained in efficient operation condition by periodic removal of accumulated grease. Per District Ordinance 38, I further acknowledge and understand that the use of chemicals to clean out the grease trap/interceptor is prohibited. I agree to establish routine cleaning of the grease trap/interceptor as follows:

- A. Grease traps must be cleaned monthly or as often as needed to meet discharge limits of 300 ppm of grease, oils and/or fats.
- B. Grease interceptors must be pumped out every three months or as often as needed to meet discharge limit of 300 ppm of grease, oils and/or fats.

I agree that all food items will be per the menu submitted and attached to this application and if any change will be made to these food items, I agree to notify USD and abide by any further USD requirements as a result of this change. Additional requirements may result in the installation of a grease interceptor to accommodate an increase in grease discharge.

I agree that no additional kitchen/cooking equipment (ex. plug-in woks) will be used in addition to the equipment identified on the USD approved plans; or to obtain approval or further requirements from USD prior to the addition of kitchen/cooking equipment.

I agree to maintain the seating capacity identified on the USD approved plans; or to obtain approval or further requirements from USD prior to an increase in the seating capacity, or increase to facility size.

I agree to pay all additional fees and to provide any additional equipment and/or maintenance steps that may be required:

- A. If the information and plans as submitted are changed;
- B. If the use of the site is changed;
- C. If the grease trap/interceptor is not maintained as agreed.

I will comply with any additional Union Sanitary District requirements and will inform the District of any change in management, ownership and/or use, including expansion.

**Food Establishment Owner**

Name (print clearly if filling out by hand):	
Signature:	Date: