



Food Service Permit Application

Establishment Name:									
Establishment Address:									
Square Footage			Number of Seats						
Bar/Banquet Square Footage			Number of Seats						
Days/Hours of Operation:									
Name of shopping center, if applicable:									
Was space previously occupied? If so, identify previous tenant and type of business if possible:									
Building manager / owner and mailing address:									
Do you have a grease trap, interceptor, or grease removal device?						Yes		No	
Grease trap/interceptor size:				Location (front/back/side):					
Will your business have any of the following? (Circle yes or no)									
Garbage Disposal/Grinder	Yes	No	Serving dishes washed on site	Yes	No	Wok range	Yes	No	
Dishwasher	Yes	No	Take-out service	Yes	No	Salad bar	Yes	No	
Disposable dishes/utensils	Yes	No	Ovens	Yes	No	Soup vat	Yes	No	
Washable dishes/utensils	Yes	No	Range	Yes	No	Other	Describe below		
Grill hood cleaning	Yes	No	Grill	Yes	No				
Catered by outside vendor	Yes	No	Fryers	Yes	No				
How many of the following will your location contain?									
Vegetable sink(s)	Pot sink(s)		Mop sink(s)		Hand sink(s)		Bar/cocktail lounge sink(s)		
How would you classify your establishment? (check one)									
Bakery	Full-Service		Donuts						
Fast Food	Self-Service		Other (please explain below)						
Sandwich Shop	Take-out								
Yogurt/Ice Cream	Delicatessen								
Type of Food: (check one)									
Pizza	Hamburgers		Hot Dogs						
Italian	Mexican		Chinese						
Japanese	Indian		Thai						
French	American		Other (specify below)						

Billing Information:	
Name:	Title:
Mailing Address:	
Submitted By:	Phone: ()
<i>Return this form to Union Sanitary District with copy of menu and 3 sets of plans attached</i>	

I acknowledge that the grease trap/Inceptor and fees required for _____

_____ (name of restaurant) will be based upon the plans and application I have submitted to Union Sanitary 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. I further acknowledge 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.

I agree to pay all additional fees and to provide any additional equipment and/or maintenance steps 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 acknowledge that 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.

Owner/Manager:

Print name:
Signature:
Date: