

Food Service Establishment Wastewater Discharge Permit Application

Business Information

Name of Business _____

Business License # _____

Name of Authorized Representative _____

Business Address _____

Business Mailing Address _____

Phone # _____ Email _____

Business Owner Information

Name of Business Owner _____

Business Owner Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

1. Please select a description(s) that best describes operations at your facility.

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Catering/Food Preparation Only | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Drive-Thru (only) Restaurant | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> School |
| <input type="checkbox"/> Company / Office Building | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Nursing Home / ALF | <input type="checkbox"/> Club / Organization | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Other _____ | | |

2. Is your disposable foodservice ware made of expanded polystyrene? ☐ YES ☐ NO

3. Please indicate your FSEs hours of operation? (Please write hours **or** circle closed)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open __ to __	Open __ to __	Open __ to __	Open __ to __	Open __ to __	Open __ to __	Open __ to __
Closed	Closed	Closed	Closed	Closed	Closed	Closed

5. Do you currently have an in-ground grease interceptor(s)? ☐ YES ☐ NO

Is the maintenance being performed regularly and documented? ☐ YES ☐ NO

GI Manufacturer and Model	Location	Size (gallons)	Service Frequency

6. Do you currently have a grease trap(s)? ☐ YES ☐ NO

Is the maintenance being performed regularly and documented? ☐ YES ☐ NO

Manufacturer and Model	Location	Size (gallons)	Service Frequency

I certify under the penalty of perjury that as the authorized representative, the information contained in this document is, to the best of my knowledge and belief, to be true, accurate, and complete. I am aware that there are significant penalties for submitting false information under Pleasanton Municipal Code Section 15.44.

Name and date (Print) _____

Authorized Signatory _____