



## **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. 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

3. 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

4. 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 (PMC) Section 15.44. Protection of Sanitary Sewer System from Fats, Oil and Grease.

Name and date (Print) \_\_\_\_\_

Authorized Signatory \_\_\_\_\_