

**City of Pleasanton
Food Service Establishment
Wastewater Discharge Permit Application**

New Application

Renewal

Business Information

Name of Business _____

Business License # _____

Name of Authorized Representative _____

Business Address _____

Business Mailing Address _____

Phone # _____ Fax # _____

Business Owner Information

Name of Business Owner _____

Business Owner Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email _____

Real Estate Property Owner Information

Name of Real Estate Property Owner _____

Real Estate Property Owner Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email _____

1. Please choose one description that best describes 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 Through (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 food service ware made of expanded polystyrene? YES NO

3. If applicable, what is the seating capacity at your establishment? _____

4. When is your food service available? (Please write hours of operation 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

Make 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

Make 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, true, accurate, and complete. I am aware that there are significant penalties for submitting false information under Pleasanton Municipal Code Section 15.44.

Name (Print) _____

Signature _____

Remit: City of Pleasanton Environmental Services, Attn: Scott Walker, P.O. Box 520, Pleasanton CA 94566