

City of Clearwater
Grease Program Registration Application
Re: Ordinance 6798.01

Please type or print the answers to the following. Complete this application in its entirety. Indicate "not applicable" when appropriate. Please return form within 14 days of receipt to Clearwater Public Utilities.

1. General Information

Name of Facility _____
Contact Person _____
Physical Address _____
Mailing Address _____
Phone No. _____
Fax No. _____
E Mail Address _____
Utilities Account No. _____

2. Ownership

Name of Business _____
Owner _____
Contact Person _____
Mailing Address _____
Phone No. _____
Fax No. _____
E Mail Address _____

3. Facility Type

Restaurant []
Grocery Store []
Institution []
Other (specify type of food service performed at the facility)

4. Hours of Operation

Weekdays _____
Weekends _____

5. Wastewater Flows:

Please list your average daily water consumption. _____

Does the facility water their landscape? Yes No

Is yes, is this on a separate meter or well? Yes No

6. Grease Interceptor

How are you presently managing grease?

What is the capacity of your interceptor(s)? _____

Is this the only facility that is discharging to the grease interceptor? Yes No

If not, name of other facility _____

List what fixtures are plumbed to the Interceptor. *Example*, dishwasher, sink,...etc.

CERTIFICATION STATEMENT

I certify that the information provided for the Grease Program Certification Application, to the best of my knowledge is accurate and complete. I understand that falsification of this information is a violation of the City of Clearwater Code 32.221(3)(c), and as such become subject to enforcement actions and penalties as set forth in the City of Clearwater Code.

Signature: _____

Date: _____

Name: _____

Title: _____

print or type