

## FOOD SERVICE FACILITY GREASE TRAP/INTERCEPTOR PERMIT APPLICATION

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### Establishment Information

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail \_\_\_\_\_

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### Authorized Representative Information

Name of Authorized Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail \_\_\_\_\_

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### Owner Information

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail \_\_\_\_\_

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**Location Information**

Size of Location \_\_\_\_\_ Available Seating \_\_\_\_\_

**Shift Information**

Work days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Shifts/day							
Employees/shift 1							
Employees/shift 2							
Employees/shift 3							

**Type of Food Service Facility (check one)**

- Food Preparation       Food Packager       Restaurant  
 Fast Food                       Take out facility       School cafeteria  
 Prison cafeteria       Other cafeteria       Meat Processor  
 Other, Specify \_\_\_\_\_

**Equipment Information**

List all major equipment used for food preparation at your facility (i.e. grills, fryers, dishwashers, sinks, etc.)

Type	Size/Specifications

### Grease Trap/Interceptor Information

(A grease interceptor is usually in ground and greater than 100 gallons, while a trap is less than 100 gallons in size. Use another sheet for a facility with more than 4 traps and/or interceptors)

Location	Size (gallons)	Type (circle one)	Service Frequency
		Interceptor / trap	
		Interceptor / trap	
		Interceptor / trap	
		Interceptor / trap	

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### Grease Recycler Information

Name of Recycler \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail \_\_\_\_\_

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### Grease Disposal/Hauler Information

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_ E-mail \_\_\_\_\_

Frequency of cleaning of all grease traps: \_\_\_\_\_

(A grease recycler is the company who collects the yellow (fryer) grease, and a grease hauler is the company who cleans the grease traps. For self-cleaned grease traps, mark self-cleaned in the name section and add frequency.)

### **Confidential Business Information**

Information and data on a user obtained from reports, questionnaires, permit applications, permits and monitoring programs and from inspections shall be available to the public or other governmental agency without restriction unless the user specifically requests and is able to demonstrate to the satisfaction of the county that the release of such information would divulge information, processes or methods of production is entitled to protection as trade secrets of the user. When requested by the person furnishing a report, the portions of a report which might disclose trade secrets or secret processes shall not be made available for inspection by the public but shall be made available upon request to governmental agencies for uses related to this chapter. Information accepted by the Public Works Director as confidential shall not be transmitted to the general public by the Public Works Director until and unless a ten-day notification is given to the user. In order for the information to be considered confidential, the following criteria must be met:

- A separate sheet with the requested information shall be submitted for each question that you are asserting as confidential.
- The submittal shall be clearly marked as confidential.
- Submit with the application a separate statement for each question that you are requesting confidentiality indicating the reasons that you are asserting the information as confidential.

You will be notified if the Public Works Director does not feel that the information requested meets the criteria for confidentiality.

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### **Authorized Representative Statement**

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of Chapter 180, Sanitary Standards, of the County Code. Moreover, based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS

1. Complete the attached permit application.
2. Provide the appropriate fee based on the table below. Add the volumes of all grease traps and interceptors located at the facility being permitted, and send in the fee based on the table.

	Application Fee
Owners with 100 gallons or less of total trap/interceptor volume in a FSF	No Charge for that FSF
Owners with 1 FSF and >100 gallons of total trap/interceptor volume	\$300
Owners with 2 to 5 FSFs and >100 gallons of total trap/interceptor volume	\$250/facility
Owners with 6 or more FSFs and >100 gallons of total trap/interceptor volume	\$200/facility

Mail the completed application, additional information and the appropriate fee to:

Dept. of Public Works  
Kent County Levy Court  
139 Milford Neck Rd.  
Milford, DE 19963  
302-335-6000