

## 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**  
(Use additional sheets if more than in table)

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

**Grease Hauler Information**

Name of Hauler \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

**Grease Disposal Information**

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

Address \_\_\_\_\_

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

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

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

Describe how is grease disposed \_\_\_\_\_

### **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. Include a signed copy of your yellow grease recovery and your grease trap/interceptor maintenance contracts.
3. 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 FSF's and >100 gallons of total trap/interceptor volume	\$250/facility
Owners with 6 or more FSF's and >100 gallons of total trap/interceptor volume	\$200/facility

4. Provide schematic drawings of all indoor and outdoor plumbing systems, including grease interceptors and traps, facility sewer connections, sinks, floor drains, dishwashers, restrooms, etc.
5. Provide a grease trap/interceptor maintenance plan that specifies the frequency of grease removal, inspection procedures, and methods to repair non-operable equipment.
6. Mail the completed application, additional information and the appropriate fee to :

Dept. of Public Works  
 Kent County Levy Court  
 414 Federal St.  
 Dover, DE 19901  
 302-744-2430