



City of Daytona Beach

Utilities Department

3651 LPGA Boulevard
Daytona Beach, FL 32124
(386) 671 8800

Fats, Oil and Grease Discharge Permit Application

Section A – General Information

1. Facility Name: _____
 - a. Facility Manager _____
 - b. Facility Owner, if different _____
 - c. Corporate Owner, if applicable _____
2. Facility Address
Street: _____
City: _____ State: _____ Zip: _____
3. Business Mailing Address (if different):
Street or P.O. Box _____
City: _____ State: _____ Zip: _____
4. Designated Facility Contact and/or Signatory Authority:
 - a. Primary:
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
 - b. Additional:
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Section B – Water Billing Information

1. Name as it appears on water bill: _____
 Address: _____
 City: _____ State: _____ Zip: _____
2. Water Service Account numbers: _____

Section C – Fats, Oil and Grease Treatment

1. Does your Facility have a grease interceptor (trap) or fixture traps?
 Yes
 No If no skip to next section
2. Attached a diagram of each discharge and describe whether or not it is going to the interceptor.
3. List the location and size of all grease interceptors at your facility:

Location	Size	Type (circle one)
		Outside grease trap / internal automatic trap / other
		Outside grease trap / internal automatic trap / other
		Outside grease trap / internal automatic trap / other
		Outside grease trap / internal automatic trap / other

4. Are these grease interceptors/traps serviced regularly?
 Yes
 No If no skip to question 5
 How often are they serviced

Location	Service Frequency

Section D – Facility Operational Characteristics

1. Shift information

Work Days	Mon []	Tues[]	Wed []	Thurs []	Fri []	Sat []	Sun []
Shifts/ Day							
Employees / shift 1st							
2nd							
3rd							

2. Seating Capacity_____

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

Type Equipment	Size or Specification	Number of units

Should you feel that any of the information is considered “Confidential Business Information” submit it in a separate envelope with this application clearly marked “Confidential Business Information”.

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system or those persons directly responsible for gathering the information, the information submitted 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, including the possibility of fines and imprisonment for knowing violation.

Name

Title

Signature

Date

Phone Number