CITY OF SANFORD
PUBLIC WORKS & UTILITIES DEPARTMENT

Oil & Grease Prevention Program

P. O. Box 2847
Sanford, FL 32772
Phone: (407)688-5000 extension 5512 Fax: (407)688-5096

FOOD/BEVERAGE RELATED FACILITIES WASTEWATER DISCHARGE APPLICATION

FACILITY INFORMATION

Business Corporate Name (*Please provide Division of Corporations printout*): _____

_____

Business Mailing Address: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____ Title or Position: _____

Email Address: _____

Phone Number: _____ Fax #: _____

PROPERTY OWNERSHIP The undersigned property owner acknowledges ownership of the property for which a permit has been applied and consents to the permit being issued and that the permit is being issued under the provisions of controlling law which require adherence to all permit conditions. (Landlords may find it advisable to ensure that provisions are clearly stated in the lease that protect the landlord, to the extent possible, relative to any future potential violations.) The City will look first to the permittee for compliance and will look to the landlord only if the permittee has vacated the premises or is uncooperative as to compliance with the requirements of controlling law.

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

FOOD/BEVERAGE SERVICE AREA TYPES:

	Yes	No
Bakery		
Cafeteria		
Catering		
Coffee/Smoothie Prep		
Fast Food Establishment		
Full Service Restaurant		
Other:_____		

HOURS OF OPERATION

Weekdays: _____ Drive Thru: _____ Prep: _____
Weekends: _____ Drive Thru: _____ Prep: _____

SEATING CAPACITY

Total Numbers of Seats and Stools (including bar, if applicable): _____

NUMBER OF MEALS SERVED PER DAY:

Breakfast: _____ Lunch: _____ Dinner: _____

KITCHEN EQUIPMENT

Equipment Type	Yes	No	Number	Area Located (such as bakery, cafeteria etc)
One Compartment Sink				
Two Compartment Sink				
Three Compartment Sink				
Hand Sink				
Mop Sink				
Bar Sink				
Floor Drains/Troughs				
Garbage Disposal				
Dishwasher				
Fryer				
Grill				
Stove				
Char Broiler				
Oven				
Wok Stove				
Hoods				
Other:_____				
Other: _____				
Other: _____				

FOOD/BEVERAGE PREPARATION (Please check all that apply. Attach menu, if available)

	Bakery	Cafeteria	Catering	Full Service Restaurant	Fast Food	Coffee-Smoothie Bar	Other
Off-site Prepared Foods (catered)							
Grilled or Baked Meats							
Stove-top Warmed Foods							
Microwave Prepared Foods							
Fried Foods							
Frozen Foods							
Baked Goods							
Fresh Produce							
Catered Foods							
Canned Foods							
Soups							
Hot Dog Warmer							
Beverages							
Other: _____							

CLEANUP PROCEDURES

Activity Type	Yes	No
Hand Wash Dishes		
Hand Wash Pots and Pans		
Use Disposable Dishes		
Use Disposable Utensils		
Use Mechanical Dishwasher		
Use Mechanical Pots and Pans Washer (dedicated to pots and pans only)		
Other: _____		

RECYCLING

	Yes	No	Name of Recycling Company
Do you recycle used cooking oils?			
Do you have a container onsite to recycle used cooking oils?			

GREASE MANAGEMENT DEVICES

Device Type	Yes	No	Number	Capacity (in gallons)	Location	Waste Hauler Name (if applicable)
Used Cooking Oil Dumpster/Container						
Used Cooking Oil Drum						
Used Cooking Oil Recycle Tank						
Exterior Grease Interceptor						
Interior Grease Trap (under sink, counter or in floor)						

CERTIFICATION STATEMENT

I, as an authorized facility representative, certify that the information provided for the "Food Services Wastewater Discharge Application," to the best of my knowledge, is accurate and complete. I understand that this application will be reviewed by City of Sanford Utility Department staff, and that if this facility falls within the guidelines of the Oil and Grease Prevention Program, the facility will be required to participate in the program and obtain a wastewater discharge permit. I further understand that I must submit a $50 nonrefundable fee along with this application and that if I am required to participate in the program, an additional $200 nonrefundable permit fee must be submitted. Additionally, I understand that if I am required to obtain a wastewater discharge permit that it must be renewed every two years and a nonrefundable permit renewal fee of $150 (total includes application fee) must be submitted. I further understand that a nonrefundable fee of $50 will either be applied directly to my Utility account or must be submitted to the Utility Department (if there is no existing Utility account) for the annual inspection which is performed the year between my permit renewals. I further understand that any required sampling that occurs at my facility will also incur additional fees. As a required participant of the Oil and Grease Prevention Program, I agree to abide by all program rules established in the City of Sanford Code, Chapter 102, Article IX, Division 5, Section 102-373. I further understand that falsification of this information is a violation of the City of Sanford Code and, as such, is subject to enforcement actions and penalties as set forth in the City of Sanford Code.

Authorized Facility Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please mail completed application as well as all applicable fees to the following address:

City of Sanford Oil and Grease Program
P.O. Box 2847
Sanford, FL 32772

Or, the application as well as applicable fees can be submitted at the Utility Customer Service window located at:

City of Sanford City Hall
300 N Park Avenue
Sanford, FL 32772

Para más información, por favor llame al Departamento de Servicios Públicos del Ciudad de Sanford y pida hablar con un representante en español. El número de teléfono es 407-688-5100