



THE CITY OF ALEXANDER CITY

GREASE CONTROL PERMIT PROGRAM

APPLICATION *NEW FACILITY*

Facility Information

Facility Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Alexander City Business License No.: _____

Facility Telephone Number: _____

Seating Capacity: _____

Contact Information:

Contact Name: _____

Contact's Positions or Title: _____

Contact's Telephone Number: _____

Contact's Email: _____

Food Service Activity:

Provide description of food service activity:

List type of food to be served:

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Food Service Activity (continued):

Describe each operation that will generate wastewater:

Describe any processes that will handle meats, grease, fats, or oils:

List all major equipment that will be used in the food preparation process (fryers, grills, etc.)

Will this facility have a commercial dishwasher: Yes No

Will this facility have a meat grinder or food waste grinder (i.e. garbage disposal)? Yes No

List each sink by location, the number of compartments in each sink, the intended use (hand wash, pre rinse, dish wash, sanitize, etc.) and size:

<u>Location</u>	<u>Number of Compartments</u>	<u>Intended Use</u>	<u>Size (gallons)</u>

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Food Service Activity (continued):

List each piece of equipment in this facility (other than the water heater) that has the ability to heat water to a temperature of 140 °F or higher: _____

List each and every piece of wastewater pretreatment equipment (i.e. grease interceptor, grease trap, other grease removal device), location of equipment, capacity, manufacturer, and model number.

<u>Equipment</u>	<u>Location</u>	<u>Capacity</u>	<u>Manufacturer</u>	<u>Model No.</u>

Fryer Oil Maintenance

Will you use fryer oil? Yes No
If no, skip to next section.

Have you made arrangement with a fryer oil hauler? Yes No
If no, skip to next section.

Waste fryer oil hauler: _____
Address of hauler: _____

Contact Name: _____ Telephone: _____

Waste fryer oil disposal site: _____
Address of disposal site: _____

Contact Name: _____ Telephone: _____

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Grease Interceptor or Trap Maintenance:

Have you made arrangements with a trap waste hauler? Yes No

If no, skip to next section.

Grease interceptor or trap waste hauler: _____

Address: _____

Contact Name: _____ Telephone: _____

Grease Interceptor or Trap Waste Disposal Site: _____

Address: _____

Contact Name: _____ Telephone: _____

Sketch of Plumbing Layout:

Provide a *detailed* layout of indoor and outdoor waste plumbing plans. The plan must include details on each and every sewer connection, floor drain, piece of grease removal equipment, sink, dishwasher, restroom, and all associated waste pipe. Architect/ Engineering drawings that represent actual site conditions are preferred. Otherwise, a detailed schematic drawing in plan view showing all details listed above that are drawn by an individual knowledgeable of the site and its sewer processes may be accepted.

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Authorized Representative Statement

I, being duly authorized to sign this document, and in consideration for the granting of a Grease Control Program Permit, do hereby agree to allow duly authorized employees of the City of Alexander City the right to enter upon said property, without prior notification, for the purpose of inspecting, observing, measuring, sampling, reviewing records, photographing and/or testing.

I certify that I have been provided a copy of the “Grease Control Ordinance” and that I will abide by all applicable provisions of said ordinance. I understand that failure to abide by the terms of this permit and/or ordinance may be cause for a number of possible penalties, including disconnection of sewer service, disconnection of water service, re-inspection fees, and others.

I certify that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gathered the information; and that all of the information is, to the best of my knowledge and belief, true and complete. I am aware that there are significant penalties for submitting false information.

Signature: _____

Printed Name: _____

Position or Title: _____

Date: _____