



**Pinellas County Utilities - Water Quality Division, Grease Management Program**

**SECTION B: GENERAL INFORMATION**

**Enter the establishment's official or legal name. Provide the physical location of the establishment that is applying for a discharge permit.**

1. Establishment Name: \_\_\_\_\_

Establishment Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

**Provide the business mailing address (if different from above) where correspondence (including invoices) from Pinellas County should be sent. Note: Location must be able to accept Certified Mail (may not use P.O. Box).**

2. Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Designated Contact for the Establishment: Provide the name and telephone number of the person who is:**

- Familiar with the operation of the establishment (e.g. the owner or manager)
- Can be contacted by Pinellas County if enforcement actions are ever deemed necessary

***This person will receive correspondence from the Grease Management Program.***

3. Designated Establishment Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C: TREATMENT**

1. **Complete the following for all grease traps/interceptors.**

• Number of grease traps/interceptors: \_\_\_\_\_

• Make and Model: \_\_\_\_\_

Location (kitchen, parking lot, etc.): \_\_\_\_\_

Capacity of grease trap/interceptor (in gallons): \_\_\_\_\_

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2. *If a contractor(s) cleans the grease trap/interceptor(s), please list the following:*

- Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. *How often is the grease trap/interceptor being cleaned / pumped?* \_\_\_\_\_

*\*\*For internal purposes only: FSE may apply for a variance [ ] yes [ ] no*

4. *Date of last cleaning/pump out:* \_\_\_\_\_

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| <b>SECTION D: CERTIFICATION</b> |
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*I certify under penalty of law that the information submitted in this application is, to the best of my knowledge and belief, true, accurate and complete. I agree to abide by the regulations contained in the Pinellas County Code, Section 126-600 through 126-628, as well as any other applicable Federal, State or Local regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*