

ForCityUseOnly
FeeReceived:



City of Muscatine Public Works Department, 1459 Washington, Muscatine, IA 52761

Food Service Establishment GREASE DISCHARGE PERMIT APPLICATION

Establishment Information

Name of Establishment: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Authorized Representative Information

Name of Authorized Representative: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Email address: _____

Type of Food Service Facility (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Food Packager | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Take Out Facility | <input type="checkbox"/> School Cafeteria |
| <input type="checkbox"/> Prison Cafeteria | <input type="checkbox"/> Other Cafeteria | <input type="checkbox"/> Meat Processor |
| <input type="checkbox"/> Other, Specify: _____ | | <input type="checkbox"/> Hospital Cafeteria |

Equipment Information

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

Type	Size/Specifications

Raw Materials/Chemicals Information

List raw materials and chemicals stored on premises:
(Include MSDS information on all chemicals)

Raw Materials	Chemicals

Grease Trap/Interceptor Information

(Use additional sheets if necessary)

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: _____

Email address: _____

Grease Disposal Information

Name of Establishment: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

Email address: _____

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.

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 6, Sewer Use Regulations, of the Muscatine City 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: _____

Return form, with appropriate fees, to: Finance Department
City of Muscatine
215 Sycamore Street
Muscatine, IA 52761