



## Food Service Establishment Permit Application

### SECTION A: INTRODUCTION

**Your efforts as a Food Service Establishment partner will help us achieve the goal of minimizing the accumulation of grease and food solids in our sanitary sewer system. This commitment results in fewer sewer blockages and sanitary sewer overflows. The reduction in overflows reduces public health nuisances and environmental degradation, and lowers the cost of damage associated with sewer back-ups and sewer system maintenance.**

- The Pinellas County Utilities Grease Management Program was established to keep Fats, Oils and Grease (FOG) out of the sanitary sewer system. Pinellas County's Grease Waste Ordinance, Section 126-606, requires Food Service Establishment (FSE) within Pinellas County Utilities retail or wholesale sewer service areas to obtain an annual permit. Grease Manage Program personnel perform inspections at FSE's to ensure compliance with the Grease Waste Ordinance and to confirm grease removal devices are properly cleaned/pumped to keep FOG out of the sanitary sewer system.
- Please select type/size of Trap or Interceptor at the FSE and note the associated annual permit fee: [     ] **Grease Trap** – 50 gallons or less (**\$115.00**)  
[     ] **Grease Interceptor** – Greater than 50 gallons (**\$140.00**)
- The Food Service Establishment will be mailed an invoiced for the annual permit fee. (**Do Not Send a Check with the application.**)
- Regulatory requirements for FSE's include weekly cleanings of 50 gallon or less grease traps, and a monthly complete pump out of grease interceptors greater than 50 gallons.
- Please **complete and return** the **Food Service Establishment Permit Application** within **ten (10) days** of receipt (DATE: \_\_\_\_\_) and include the following:
  1. Copy of water bill (if available)
  2. Copy of last pump out receipt from registered hauler

**Mail the completed application to:**

Pinellas County Utilities, Water Quality Division  
Grease Management Program  
1620 Ridge Rd S, Bldg. A  
Largo, FL 33778

-or-

Scan the completed application and email to: [UTLGMP@pinellascounty.org](mailto:UTLGMP@pinellascounty.org)

- If you have any questions or want to talk with a Grease Management Program Inspector please contact them at (727) 582-2379. You can also go to the Pinellas County Utilities website at [www.pinellascounty.org/utilities/grease.htm](http://www.pinellascounty.org/utilities/grease.htm) for more information.

**SECTION B: GENERAL INFORMATION**

***Please enter the Food Service Establishment's official or legal name. Provide the physical location of the establishment that is applying for Food Service Establishment 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 Food Service Establishment: Please provide the name, telephone number and email 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: \_\_\_\_\_

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

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

\_\_\_\_\_

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?** \_\_\_\_\_

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

**SECTION D: CERTIFICATION**

***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** \_\_\_\_\_