



# FOOD SERVICE WASTEWATER DISCHARGE PERMIT APPLICATION

City of Paso Robles, Wastewater Division, 1000 Spring Street, Paso Robles, CA 93446 (805) 227 7239

## 1. FILING STATUS (Check One)

Date: \_\_\_\_\_

- New or Unpermitted Construction     Existing or Remodeled Facility     New Ownership

## 2. COMPANY INFORMATION

A. Legal Business Name \_\_\_\_\_

Ownership Type:  Corporation  Partnership  LLC  Sole Proprietor \_\_\_\_\_  
(Owner Name)

B. Doing Business As (dba): \_\_\_\_\_

C. City of Paso Robles Business License No. \_\_\_\_\_

D. Facility Location:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Facility Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

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

E. Business Officers Names and Titles

Proprietors/Partner/Corporate Officers	Title or Position
_____	_____
_____	_____

F. Mailing Address

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Attention Name: \_\_\_\_\_ Phone: \_\_\_\_\_

G. Billing Address

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Attention Name: \_\_\_\_\_ Phone: \_\_\_\_\_

H. Landlord/ Property Owner/ Management Company

Property Manager/Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Attention Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### 3. FOOD SERVICE ESTABLISHMENT DESCRIPTION

A. Describe type of business and food served (i.e. fast food, Chinese, Mexican, Family Style, ice cream, etc.):

\_\_\_\_\_  
\_\_\_\_\_

(A proposed menu must be provided with the application.)

B. Date operation began/or will begin? (mm/dd/yyyy) \_\_\_\_\_

C. Number of employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

D. Hours of operation \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm Days per week: S M T W Th F S (circle)

E. Is food prepared on site?  Yes  No

If yes, complete 1-3

1. Seating capacity: \_\_\_\_\_ Total number of meals served per day: \_\_\_\_\_

2. Tableware: Washable  Yes  No Disposable  Yes  No

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### 4. EQUIPMENT

A. Dishwasher:  Yes  No

E. Hand Sinks:  Yes  No

B. Scullery/pot sinks:  Yes  No

F. Deep fryer:  Yes  No

C. Garbage disposal:  Yes  No

G. Grill:  Yes  No

D. Mop Sink:  Yes  No

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### 5. GREASE REMOVAL EQUIPMENT

A grease interceptor separates and collects oils, grease and solids from the kitchen wastewater and discharges the clarified water to the City's sewer system.

A. Grease interceptor(s):

Yes  No, If yes, what size: \_\_\_\_\_ Location: \_\_\_\_\_

Yes  No If yes, what size: \_\_\_\_\_ Location: \_\_\_\_\_

B. Interceptor Service Information:

Cleaned by facility staff:  Yes  No

Cleaned by outside service:  Yes  No.

Provide name and address of pumping service: \_\_\_\_\_

\_\_\_\_\_

How often is grease interceptor(s) pumped or cleaned:

Daily  Weekly  Monthly  Quarterly  Semi-annually  Annually

C. A grease/oil rendering service is a service provided by a company to pick up and recycle fats, oils and greases that are usually stored in a rendering barrel provided by the rendering company.

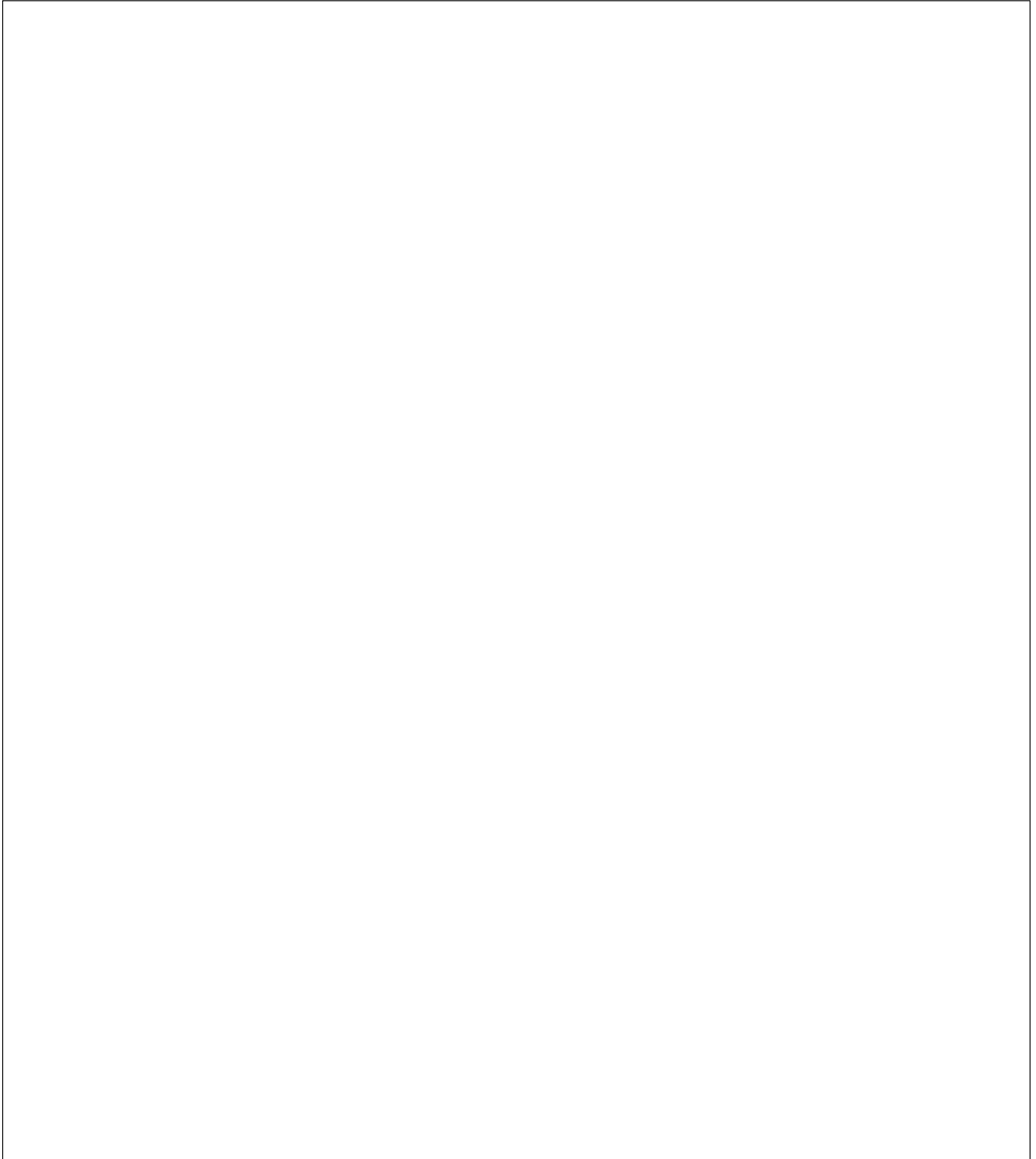
Provide name and address of grease/oil rendering service:

\_\_\_\_\_

\_\_\_\_\_

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

Please draw a diagram of the facility showing the following areas: dining, kitchen with details of sinks, cooking equipment, floor drains, grease interceptor(s), waste containers for grease and oil, dumpster. (Attach additional sheets if needed.)

A large, empty rectangular box with a thin black border, intended for the user to draw a facility diagram. The box occupies most of the page below the instructions.

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

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**If you have any questions about this survey, please contact the Industrial Waste Inspector at 227-7239**

**AUTHORIZED REPRESENTATIVE STATEMENT**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.*

\_\_\_\_\_  
NAME – AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
OFFICIAL TITLE

\_\_\_\_\_  
DATE