



City of Apopka
Oil and Grease Management / Surcharge Program
Permit Application
RESTAURANT - OTHER

Company Name: _____ d/b/a _____

Street Address: _____

City, State, Zip: _____ **Phone** _____

Contact Name: _____

Position of authority: _____

Type of Facility: _____

Facility is: Owned: _____ Leased/Rented: _____

If Leased/Rented: Landlord Name: _____

Landlord Address: _____

City, State, zip: _____

Telephone Number: _____

Hours of Operation: _____ **Number of Seats:** _____

Days of Operation: (circle days) Sun Mon Tue Wed Thu Fri Sat

Estimate Monthly water usage: _____ gallons per month. **Source:** _____

Facility has a Septic Tank System? Yes _____ No _____

Facility has an Oil and Grease Interceptor or grease trap? Yes _____ No _____

Interceptor (trap) size _____ **gallons**

Drawings of the interceptor? Provide 1 copy

NOTE: The Sewer Use Ordinance requires you to have a contract for grease trap cleaning each 90 days. Attach a copy of the contract to the application.

Do you maintain a separate container for used oils? Yes _____ (Provide information) No _____

Company: _____ **Telephone:** _____

CERTIFICATION

I hereby acknowledge the information contained on this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete and accurate.

Name

Title

Date