JEFFERSON COUNTY ENVIRONMENTAL SERVICES DEPARTMENT GREASE CONTROL PROGRAM

FOOD SERVICE FACILITY APPLICATION FOR EXEMPTION FROM PERMIT REQUIREMENT

Facility Information Facility Name: Business License # Tax ID # Address: Phone Number: Facility Contact Name: Position/Title: Email Address: Corporate Name:_____ Mailing Address: Phone Number: Food Service Activity Provide a brief narrative of food service activity; list type of food served. Provide NAICS code for this facility [see NAICS code book] Product or Service NAICS Code % of Activity Describe operations which generate wastewater: For ESD Use Only Date Received: _____On Septic: _____ Change of Ownership/Business:_____Reviewed by:_____Permit No. _____

Is wastewater discha	rge <u>continuous</u> [wat	ter left running] or <u>bato</u>	<u>:h</u> [faucet tu	rned on only	
when needed]?					
Months of operation		Peak months			
Days of operation		Open on holidays?			
Total number of emp	loyees				
Number of employees - Shift 1		Time	to		
Number of employees - Shift 2		Time	to		
Number of employees - Shift 3		Time	to		
Total seating capacity		[from Sewer Imp	_[from Sewer Impact Department]		
	-	reparation; i.e. grills, fry	yers, dishwa	ashers, etc.;	
list sizes and capacities when appropriate. Equipment			Equipment		
	-1				
pre-rinse, wash, sani		nts per sink, and their in ts, etc.	ntenaea use	e; i.e. nand,	
Location	Number of	Intended Us	e Se	Size (gallons)	
Example: Kitchen	Compartments 4 compartment	Rinse, wash, sanitize	nse. wash. sanitize		
1	'	, ,		30 gallons	

Name on Water Account: Service Address: Billing Address [if different]: If your facility uses water from another source [well, etc.], describe: ATTACH A COPY OF YOUR MOST RECENT WATER BILL FOR THIS FACILITY. Justification for Exemption Use this space to provide further details to support request for exemption from Grease Control Program Permit requirements.

Water Account Numbers:

Provide an up to date copy of indoor and outdoor plumbing plans. These plans should include the location of all water meters, sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms, etc. Blue prints are acceptable. A "to scale" hand drawn sketch may be acceptable in some cases.

<u>AUTHORIZED REPRESENTATIVE STATEMENT</u>

I, being duly authorized to sign this document, and in consideration for the granting of an Exemption from the Food Service Facility Grease Control Permit program, do hereby agree to allow duly authorized employees of the Jefferson County Environmental Services Department the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photography, or testing.

Additionally, I agree to abide by all applicable provisions of the Jefferson County Grease Control Program.

I understand that any changes in food service activities which generate FOG will require notification of JCESD and may require a Grease Control Program Permit.

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gathered 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.

If an exemption has been falsely obtained, additional fees of \$500 per group of 5 grease interceptors or traps will be assessed.

SIGNATURE:	
PRINTED NAME:	
TITLE:	
DATE:	