



# FATS, OILS AND GREASE DISCHARGE PERMIT RENEWAL APPLICATION FORM

## SECTION A – GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: _____	State: _____	ZIP: _____
Phone Number: _____	Email Address: _____	
Check box to receive correspondence and/or invoices via email		

2. Billing Address where correspondence including invoices should be sent - complete only if different from above  
*Note: Address must be able to accept Certified Mail (Do not use a PO Box)*

Name: _____		
Street Address: _____		
City: _____	State: _____	ZIP: _____
Phone Number: _____	Email Address: _____	
Check box to receive correspondence and/or invoices via email		

3. Designated Contact of the Food Service Facility (person familiar with operation of facility e.g. owner or manager)

Name: _____	
Title: _____	
Phone Number: _____	Email Address: _____

Continued on next page.



# FATS, OILS AND GREASE DISCHARGE PERMIT RENEWAL APPLICATION FORM (CONTINUED)

## CERTIFICATION STATEMENT

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 City of St. Petersburg Sewer Use Ordinance, Section 27-332 through 27-340, 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 fines and imprisonment for knowing violations.

<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

## SUBMISSION INSTRUCTIONS

**Mail to:** City of St. Petersburg  
Attn: Grease Management Program  
1650 3rd Ave. N.  
St. Petersburg, Florida 33713

City of St. Petersburg Office Use Only						
Application Complete:	Yes	No	Date of Pre-Permit Inspection:			
Service Area FSF Located In:	1	2	3	4	Permit to be Granted:	Yes No
Reason for Rejection:						
Application Reviewer:					Date:	