



CITY OF PLANT CITY FATS, OILS & GREASE MANAGEMENT PROGRAM REGISTRATION FORM

GENERAL INFORMATION

Company Name _____
 Address _____
 Telephone _____
 Contact Official _____ Title _____
 Business hours at this location _____
 Seating Capacity _____

FACILITY TYPE

Restaurant _____ Full Service _____ Fast Food _____ Take out only _____
 Grocery _____
 Deli _____
 Hotel _____
 Church _____
 Daycare _____
 Convenient Store _____
 Car Repair Shop _____
 City Facility _____
 Nursing Home _____
 Other (explain) _____

If this facility is located in a complex, please identify it: _____

PRETREATMENT DEVICE

Which type of pretreatment device is on site.

			Describe location for each exterior device
Grease Trap (under the sink)	_____	How many	_____
Grease Interceptor (outside)	_____	How many	_____
Oil & Water Separator	_____	How many	_____

Is the pretreatment device cleaned on a regular basis? If so please give the frequency of cleaning. _____

Name of the company doing the cleaning. _____

Is this the only facility that is discharging into the pretreatment device? _____

Do you recycle fats, oils or grease at this location _____ If yes, what company recycles your grease _____

Do you keep a maintenance log on site? _____ Where is it located? _____

Are employees trained on proper grease disposal? _____

Comments

Signature _____ Date _____