



# CITY OF TARPON SPRINGS, FLORIDA

## Fats, Oils, and Grease Management Program

201 East Pine Street  
Tarpon Springs, Florida 34689  
Telephone: (727) 942-5616  
E-mail: [EnvironmentalMgmt@ctsf.us](mailto:EnvironmentalMgmt@ctsf.us)

### Commercial Wastewater Discharge Permit Renewal Application

**Establishment Name:** \_\_\_\_\_

**Physical Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Website: \_\_\_\_\_

**Mailing Address: (If different from physical address) DO NOT USE P.O. BOX**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Owner of Premises: (If different than establishment)**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Designated Signatory Authority of the Establishment:**

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

**Designated Local Establishment Contact:**

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

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

Telephone Number: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

**Indicate the seating capacity of establishment, if applicable:** \_\_\_\_\_

Days and hours of operation? \_\_\_\_\_

How often is the establishment's grease removal device being cleaned or pumped?  
\_\_\_\_\_

If a contractor(s) cleans the establishment's grease removal device(s) please complete the following:

Contractor Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Authorized Signature**

I certify that I have received and read Article VIII of Chapter 20 of the City Code of Ordinances and understand that all food service establishments and automotive related enterprises must have a oil and grease removal device prior to discharging to the City sanitary sewer system.

I further 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 gather and evaluate the information submitted. Based on 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Signature Date Phone

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**For City use only**

Application complete?  Yes  No  
Application returned to applicant for completion?  Yes  No Date returned:

\_\_\_\_\_  
Date Application Reviewer