



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: rjonatzke@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

For City use only

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

Date Application Reviewer