



City of Muscatine Restaurant/Food Service



Annual Grease Discharge Permit (GDP) Application

muscatineiowa.gov

Required for the Fats, Oils and Grease (FOG) Control Program as established by City Code Title 10-6-16

Please check the appropriate boxes, fill in all fields, sign and date. Submit to City of Muscatine Finance Dept. 215 Sycamore St. Muscatine, IA 52761 along with the required fee. Incomplete forms will not be processed. Applications may be completed, signed and submitted digitally. Email completed forms and/or questions to pretreatment@muscatineiowa.gov. Permits will not be mailed until payment is received by the Finance Dept. For payment or questions call Finance at 264-1550. Due date same as food service license.

New Business/New App./Business Alterations Permit Renewal Only Permit Exempt Request Permit Exempt Renewal
(Permit Exempt Requests will be mailed or emailed a Permit Exempt Form for consideration and establishment inspection.)

Name of Business/ <u>Doing Business As</u> :	Name of Owner:
Facility Address:	Mailing Address:
Facility Phone:	Owner/Contact Phone:
Facility Email:	Owner/Contact Email:

- Facility:** (√ all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Carry Out and/or Drive Thru |
| <input type="checkbox"/> Buffet/Cafeteria | <input type="checkbox"/> Hospital | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Ice Cream/Dairy Products | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Nursing Home/Assist. Liv. |
| <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Bakery |
| | | <input type="checkbox"/> Grocery Store |
| | | <input type="checkbox"/> Tavern/Bar |

Seating Cpty: _____ **Hrs of Oper:** Sun _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____

- Fixtures:** (√ all that apply)
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Deep Fryers # _____ | <input type="checkbox"/> Grills # _____ | <input type="checkbox"/> Ovens # _____ | <input type="checkbox"/> Rotisserie # _____ |
| <input type="checkbox"/> Hot Dog Roller # _____ | <input type="checkbox"/> Range/Stove: Burner# _____ | <input type="checkbox"/> Wok Ranges # _____ | <input type="checkbox"/> Tilt Kettles # _____ |
| <input type="checkbox"/> 3-compartment sinks # _____ | <input type="checkbox"/> 2-compartment sinks # _____ | <input type="checkbox"/> 1-compartment sinks # _____ | <input type="checkbox"/> Hand sinks # _____ |
| <input type="checkbox"/> Garbage grinders # _____ | <input type="checkbox"/> Dishwashers # _____ | <input type="checkbox"/> Pre-wash sinks # _____ | <input type="checkbox"/> Mop sinks # _____ |
| <input type="checkbox"/> Automatic Hood Cleaning | <input type="checkbox"/> Kitchen Floor Drains # _____ | <input type="checkbox"/> Other _____ | |

Types of Grease Abatement (√ all that apply) **Quantity** **Serviced By:**

Outside Volume Based Interceptor # _____ Name of Pumper/Hauler: _____

Passive (Manual)/Inside Grease Trap # _____ Self Hauler name: _____

None Unknown Other (explain): _____

Outside Interceptor cleaned: Bi-Weekly Weekly Monthly Quarterly Semi-Annually Other _____

Inside Trap cleaned: Bi-Weekly Weekly Monthly Quarterly Semi-Annually Other _____

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of the City of Muscatine Code Title 10-6-16, as amended. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

Annual Gross Sales	Grease Discharge Permit Fee
Less than \$50,000.00	\$50.00
\$50,000.00 to less than \$100,000.00	\$85.00
\$100,000.00 to less than \$250,000.00	\$175.00
\$125,000.00 to less than \$500,000.00	\$200.00
\$500,000 or more	\$225.00

Office Use Only

Amount Paid \$ _____ Date: _____ Receipt # _____