

FOOD ESTABLISHMENT QUESTIONNAIRE/APPLICATION

CITY OF BROWNWOOD
P.O. BOX 1389
BROWNWOOD, TEXAS 76801
ATTN: CELISA COX

Section A - General Information

Facility Name, Mailing Address, and Telephone Number:

Address of Facility if different from above:

NAME, TITLE, AND TELEPHONE NUMBER OF PERSON AUTHORIZED TO REPRESENT THIS FACILITY IN OFFICIAL/LEGAL DEALINGS WITH LOCAL, STATE, & FEDERAL AUTHORITIES: **Signature required on next page will be the same as indicated here.**

Alternate person to contact concerning this facility:

Name and Title:
Phone:

Date this business was established:

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Identify the owner of building if other than occupant:

Name:
Phone:

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*******NOTE TO SIGNING OFFICIAL ******* In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire/application which identifies the nature and frequency of discharge will be available to the public without restriction. Requests for confidential treatment of other information will be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire/application will be used to issue such. This is to be signed by an authorized official of our facility after completion of this form and review of the information by the signing official. (Owner, Director, Manager)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon 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 false information, including the possibility of fines and/or imprisonment.

Print name of signing Official:
Signature of Official:
Date:

Does this facility share a common sewer or water tap with other types of facilities? ____ Yes ____ No
Circle which applies (sewer and/or water). If you answered yes. List the other types of facilities that share the common sewer and/or water with your facility.

Provide the name and address as it appears on the City Utility Bill that is received for your facility. In the event you do not receive the bill, please provide the name of the person and phone number of the person who does.

Account number on City Utility Bill:

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Section B - Description of Facility

Check which applies:

Fast Food	Cafeteria	Restaurant	Dinner Club	Catering	Lunchroom	Day Care

In the event your facility is not classified in any of the above categories, please describe the food preparation and/or serving that occurs. If your facility does not prepare or serve food, indicate such on the spaces below.

Check all that apply:

Commercial Kitchen	Single Service Kitchen	Food Waste Grinder	Dishwasher	3 Compartment Sink

You are NOT REQUIRED to complete any of the remaining information if you DO NOT prepare, serve, sell, or have cleanup capabilities at your location.

Hours of Operation: _____ Days of Operation: _____

Number of Employee Shifts: _____ Indicate times for each shift: _____

Seating Capacity: _____ (MUST be completed if preparing or serving)

Type of Food Prepared and/or Served: _____

ATTACH COPY OF MENU: Applicable to all establishments that provide a printed, posted or publicized menu.

Section C – Grease Trap Information

Type and Size of grease trap: _____

How often do you currently have the trap pumped and cleaned? _____

Do you maintain a manifest file for grease trap disposal? _____ (3 year record retention required)

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Do you use any additives in the grease trap? _____ If yes, indicate type, provide MSDS for product and schedule for application to trap. _____

Section D – Sample Information

Has a sample port been installed at the facility? _____ When?

Have samples of the wastewater been collected for analysis? _____ If yes, include a copy of results if not previously provided.

Has a sample result file been established at the facility? _____ (3 year record retention required)

Section E – Disposal of Food and Grease Wastes

List the name(s), address, phone number, Texas permit number and treatment plant permit number of waste haulers used for the disposal of grease trap waste.

List the last three dates that the grease trap was cleaned. Include copies of the manifests.

Does the facility use a rendering company? _____ If yes, indicate Name, address and phone number of Company.

How often does the rendering company pick up the grease for recycling? _____

How are other waste products disposed of? _____

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Identify the company that is responsible for garbage pickup. _____

Is training provided for employees on proper waste disposal practices? **Yes/No/NA** (Circle One)

MUST provide the following documents:

GREASE TRAP MANIFESTS

MSDS for any grease trap additives (IF APPLICABLE)

SAMPLE RESULTS (IF APPLICABLE)

COPY OF MENU

SITE PLAN: Can be hand drawn if Engineer's plan is not available. Needs to indicate the location of all water and sewer connections, grease trap, sample port, backflow prevention devices and any other treatment devices used.