



# CITY OF WINDER

*City Pride – City Wide*

## FOOD SERVICE ESTABLISHMENT (FSE) WASTEWATER DISCHARGE PERMIT APPLICATION

<b>Name of Facility</b>							
<b>Name of Owner</b>				<b>Phone</b>			
<b>Name of Manager</b>				<b>Phone</b>			
<b>Mailing Address</b>							
<b>E-mail Address</b>							
<b>FSE Service Address*</b> (from water bill)				<b>Business License Number*</b>			
<b>Environmental Services Department FOG Account Number*</b>							
<b>*THIS INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION</b>							
<b>Type of Food Service Establishment (FSE)</b>							
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College/Educational Institution	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Grocery Store
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home/Assisted Living/Senior Citizens	<input type="checkbox"/>	
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Establishment	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<b>Hours</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Types of Interceptor (check all that apply)</b>			<b>Quantity/ Size</b>	<b>Status of Facility</b>			
<input type="checkbox"/>	Outside Grease Interceptor		/	Name of Contractor Installing Interceptor:			
<input type="checkbox"/>	Indoor Grease Trap		/	No Changes			
<input type="checkbox"/>	Automatic Grease Removal Device (GRD)		/	Change of Ownership			
<input type="checkbox"/>	Unknown		/	Renovated Facility			
<input type="checkbox"/>	Other:		/	New Construction			
<b>Hauler Company:</b>							
<p>I certify under the penalty of perjury that this document was 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 directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. <b>I am also aware that if a permit is issued, I am responsible for payment of an annual Discharge Fee according to the City Winder's Environmental Services Departments most recent Schedule of Approved Fees and Charges.</b></p>							
Owner/Authorized Representative (print)				Title			
Signature				Date			



83 West May Street, P.O. Box 566, Winder, Georgia 30680

[www.cityofwinder.com](http://www.cityofwinder.com)

Phone (770) 867-7978