



# Food Service Facility Grease Control Permit Application

Return completed application to:  
Department of Community Development  
P. O. Box 1439  
1098 Old Highway 61 North  
Cleveland, MS 38732  
Phone: 662-843-4601 Fax: 662-846-5701

All Food Service Facilities operating a grease interceptor or grease trap must complete this application and obtain a permit pursuant to the City of Cleveland Grease Control Program Ordinance. Please type or print clearly.

## Section A – Facility Information

- Facility Name: \_\_\_\_\_  
 Privilege License No. \_\_\_\_\_ State Tax ID No. \_\_\_\_\_  
 Business Physical Address: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Facility Contact Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_
- Corporate Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

## Section B – Food Service Activity

Provide a brief narrative of food service activity; list type of food served.

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## Section C – Grease Interceptors and Grease Traps

Provide information on each grease interceptor, grease trap or grease removal device:

Device ID No.	Location	Type Interceptor or Trap?	Size and Capacity	Manufacturer	Model No.

(Please list additional devices on back of this application)

**Section D – Fryer Oil (Fryer oil is not allowed to be discharged to sanitary sewers)**

Do you have fryer oil?  Yes  No If yes, amount of gallons on site: \_\_\_\_\_

Describe how fryer oil is handled: \_\_\_\_\_

Frequency of Fryer Oil Disposal: \_\_\_\_\_

Fryer Oil Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fryer Oil Disposal Site: \_\_\_\_\_ Site License No. \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section E – Grease Interceptor or Trap Maintenance**

Grease Interceptor or Trap Waste Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Grease Interceptor or Trap Waste Disposal Site: \_\_\_\_\_

Disposal Site License Entity and No. \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Frequency of grease interceptor or trap maintenance: \_\_\_\_\_

**Authorized Food Service Facility Statement**

I, being duly authorized to sign this document, and in consideration for the granting of a Food Service Facility Grease Control Permit, do hereby agree to allow duly authorized employees of the City of Cleveland the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photography, or testing. I also certify that I have received a copy of the City of Cleveland Grease Control Program Ordinance and that I have read and understood the requirements that apply to Food Service Facilities. I understand that failure to abide by the terms of this permit may be cause for disconnection of sewer service to the property authorized to discharge by this permit. I certify under penalty of law that this document and all attachments were prepared under my direct supervision and the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware of the penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations as set forth in the City of Cleveland Grease Control Program Ordinance.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received:	Received By:	Application No.	Permit Fee:
Signature of Approval		Date of Approval	