



## PINELLAS COUNTY UTILITIES FOOD SERVICE FACILITY PERMIT APPLICATION FORM

### SECTION A – GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_
  
2. Facility Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_
  
3. Business Mailing Address: (if different from 2. above) **DO NOT USE P.O. BOX**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
4. Owner of Premises (if different than facility):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
  
5. Designated signatory authority of the facility: \_\_\_\_\_  
[See instructions]  
  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
  
6. Designated facility contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SECTION B – WATER SUPPLY** \*Attach a copy of your most recent water bill.

1. Name as it appears on water bill: \_\_\_\_\_  
Additional name, (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Water Service Account Number(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C – FACILITY OPERATIONAL CHARACTERISTICS**

1. Please choose one description that best describes your facility.

<input type="checkbox"/> Fast food restaurant	<input type="checkbox"/> Nursing home/ALF
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Hotel / Motel
<input type="checkbox"/> Drive through (only) Restaurant	<input type="checkbox"/> School
<input type="checkbox"/> Seasonal Restaurant	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Company / Office Building
<input type="checkbox"/> Bakery	<input type="checkbox"/> Ice Cream Shop
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Hospital
<input type="checkbox"/> Religious Institution	<input type="checkbox"/> Other _____
2. Please indicate each item that you currently have in your facility and the quantity of each:

<input type="checkbox"/> Grill _____	<input type="checkbox"/> Tilt Kettle / Crock Pot _____
<input type="checkbox"/> Oven _____	<input type="checkbox"/> Garbage Disposal _____
<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> 3 Bay Pot Sink _____
<input type="checkbox"/> Pre rinse Sink _____	<input type="checkbox"/> 2 Bay Pot Sink _____
<input type="checkbox"/> Mop Sink _____	<input type="checkbox"/> Single Bay Sink _____
<input type="checkbox"/> Deep Fryer _____	<input type="checkbox"/> Hand sinks _____
<input type="checkbox"/> Floor drains _____	<input type="checkbox"/> Other Equipment _____
3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.



4. If a contractor(s) cleans the grease removal device(s), please list the follow:
- a. Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
  
  - b. Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
  
  - c. How often is the Grease Removal Device being Cleaned/Pumped?  
\_\_\_\_\_

**ATTACH A COPY OF YOUR MENU TO THE APPLICATION**

**SECTION F – CERTIFICATION**

I certify under penalty of law that the information submitted in this application is, to the best of my knowledge and belief, true, accurate, and complete. I agree to abide by the regulations contained in the Pinellas County Code, Section 126-600 through 126-650, as well as any other applicable Federal, State or Local regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date