



Pinellas County Utilities  
Water Quality Division, Grease Management Program

## Food Service Establishment Permit Application

### SECTION A: INTRODUCTION

Your efforts as a Food Service Establishment partner will help us achieve the goal of minimizing the accumulation of grease and food solids in our sanitary sewer system. This commitment results in fewer sewer blockages and sanitary sewer overflows. The reduction in overflows reduces public health nuisances and environmental degradation, and lowers the cost of damage associated with sewer back-ups and sewer system maintenance.

- Pinellas County's Grease Ordinance, Section 126-606, requires any Food Service Establishment generating grease waste within Pinellas County Utilities retail or wholesale sewer service areas to obtain a Food Service Establishment Permit from Pinellas County Utilities.
- Please select correct sized Food Service Establishment Trap/Interceptor and associated annual permit fee: ☐ **Grease Trap** – 50 gallons or less (**\$115.00**)  
☐ **Grease Interceptor** – Greater than 50 gallons (**\$140.00**)
- Food Service Establishment will be invoiced for initial and annual permit fee.
- Requirements for food service facilities include weekly cleanings of grease traps (50 gallons or less) and a monthly complete pump out of grease interceptors (greater than 50 gallons).
- You must **complete and return** the **Food Service Establishment Permit Application** within **ten (10) days**. (DATE: \_\_\_\_\_) and include the following:
  1. Copy of water bill
  2. Copy of last pump out receipt from registered hauler
- To schedule a consultation with a Grease Management Program Inspector, please contact the Grease Management Program at (727) 582-2379.
- Mail the completed application to:  
Pinellas County Utilities, Water Quality Division  
Grease Management Program  
1620 Ridge Rd S, Bldg. A  
Largo, FL 33778  
-or-  
Scan the completed application and email to:  
[Kmkking@pinellascounty.org](mailto:Kmkking@pinellascounty.org)

If you have any questions about any of the requirements of this Ordinance, please call the Grease Management Program at (727) 582-2379, or go to our website at [www.pinellascounty.org/utilities/grease.htm](http://www.pinellascounty.org/utilities/grease.htm)

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**SECTION B: GENERAL INFORMATION**

***Enter the establishment's official or legal name. Provide the physical location of the establishment that is applying for a discharge permit.***

1. Establishment Name: \_\_\_\_\_

Establishment Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

***Provide the business mailing address (if different from above) where correspondence (including invoices) from Pinellas County should be sent. Note: Location must be able to accept Certified Mail (may not use P.O. Box).***

2. Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***Designated Contact for the Establishment: Provide the name and telephone number of the person who is:***

- *Familiar with the operation of the establishment (e.g. the owner or manager)*
- *Can be contacted by Pinellas County if enforcement actions are ever deemed necessary*

***This person will receive correspondence from the Grease Management Program.***

3. Designated Establishment Contact:

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C: TREATMENT**

1. ***Complete the following for all grease traps/interceptors.***

- Number of grease traps/interceptors: \_\_\_\_\_

- Make and Model: \_\_\_\_\_

Location (kitchen, parking lot, etc.): \_\_\_\_\_

Capacity of grease trap/interceptor (in gallons): \_\_\_\_\_

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2. *If a contractor(s) cleans the grease trap/interceptor(s), please list the following:*

• Contractor Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

3. *How often is the grease trap/interceptor being cleaned / pumped?* \_\_\_\_\_

\*\*For internal purposes only: FSE may apply for a variance [ ] yes [ ] no

4. *Date of last cleaning/pump out:* \_\_\_\_\_

<b>SECTION D: CERTIFICATION</b>
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*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 126-628, 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*