



**Pinellas County Utilities  
Water Quality Management  
Grease Management Program**

**FOOD SERVICE FACILITY RENEWAL FORM**

1. Food Service Facility Name: \_\_\_\_\_  
Food Service Facility Permit Number: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Have there been any changes or expansions to your business in the past year that could have changed the type or amount of wastewater you produce?  
 Yes  No

If the answer is yes to question 2, briefly describe these changes and their effects on the wastewater. (Attach additional sheets if needed.)

\_\_\_\_\_  
\_\_\_\_\_

3. How often is the Grease Removal Device being Cleaned/Pumped?

\_\_\_\_\_

4. If a contractor(s) cleans the grease removal device(s), please complete the following:

a. Contractor Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

b. City: \_\_\_\_\_ State: \_\_\_\_\_

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

I certify under penalty of law that the information submitted in this renewal 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