

**CITY OF GOSHEN
FOOD SERVICE FACILITY
SPECIAL USE PERMIT APPLICATION - 2008
Water/Sewer Plant Phone 534-5306 Fax 534-4281**

Facility Information

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Mailing Address (if different):

Authorized Representative Information

Name of Authorized Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Owner Information

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Location Information

Size of Location (Sq. Ft.): _____ Available Seating: _____

Shift Information:

Check the days per week your facility is in operation:

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |

Hours of Operation:

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |

Type of Food Service Facility (check one)

- Food Preparation
- Food packager
- Restaurant
- Fast Food Restaurant
- Take out Facility
- School Cafeteria
- Prison Cafeteria
- Other Cafeteria
- Meat Processor
- Supermarket
- Health Care Facility
- School
- Club/Organization
- Bakery
- Hotel/Motel
- Other, specify: _____

Type (kind) of Food Served In Facility

Equipment Information

List all major equipment used for food preparation at your facility (i.e., grilles, fryers, stoves/ovens, dishwashers, sinks, etc.)

| Type | Size/Specifications |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Grease Trap/Interceptor Information

(Use additional sheets if needed)

Grease Interceptor - A device **located underground and outside a food service facility** designed to collect, contain or remove food wastes and grease from the wastestream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.

Grease Trap - A device **located inside a food service facility or under a sink** designed to collect, contain or remove food wastes and grease from the wastestream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.

| Location | Size (gallons) | Type (circle one) | Cleaning Frequency |
|----------|----------------|-------------------|--------------------|
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |
| | | Interceptor/Trap | |

Grease Trap/Interceptor Hauler Information

Name of Hauler: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Additive Information

Does your facility use any additives in the plumbing, grease interceptor or grease trap (i.e., enzymes, bacteria, etc.)?

Yes

No

If yes, please complete the following table and attach a MSDS sheet for each product.

| Location | Additive Name | Additive Frequency |
|----------|---------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

For City Use Only

Application Complete

Yes

No

Permit Granted

Permit Number: _____

Permit Rejected

Explanation for Rejection:

Date: _____ Application Reviewer: _____