



# BPU Water and Wastewater Department

117 E. Washington St. P.O. Box 460  
Paris, TN 38242  
Phones: 731-642-1322 Fax: 731-642-1713

## WASTEWATER GREASE INTERCEPTOR/TRAP PERMIT APPLICATION

Application Date \_\_\_\_\_

Applicant (Food Service Establishment (FSE) Owner) Name \_\_\_\_\_

Facility (Property) Owner / Lessee Name \_\_\_\_\_

FSE Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

FSE Facility Address \_\_\_\_\_

FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Company Contact \_\_\_\_\_ Title \_\_\_\_\_

Primary Lessee Contact \_\_\_\_\_ Title \_\_\_\_\_

Secondary Company Contact \_\_\_\_\_ Title \_\_\_\_\_

Secondary Lessee Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Address (if different from above) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Corporate (Business) Operating Name \_\_\_\_\_

Type (check any that apply)  Sit-Down  Take-out  Drive-through

Food Service Establishment Type (check one)

- Caterer  Church  Restaurant
- Limited Service  Full Service  Buffet
- Food Court  Cafeteria (including Business or School Campus)
- Assisted Living, Nursing Home, Hospital or other Institutional Style Facility
- Mobile Food Vendor or Non Alcoholic Beverage Bar
- Snack and/or Non Alcoholic Beverage Bar

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_ Max Seating Capacity \_\_\_\_\_

Approximate Number of Meals Served: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Cuisine Style (Chinese, Italian, Mexican, etc.) \_\_\_\_\_

Permit Number \_\_\_\_\_

Type of Development (check one)  New Construction  Redevelopment

Name of Company to Service Grease Control Equipment \_\_\_\_\_

Proposed Grease Control Equipment Service Frequency \_\_\_\_\_

Is there an existing Grease Control Device on the property?  Yes  No

Location \_\_\_\_\_

If no, proposed Grease Control Equipment Size and Type \_\_\_\_\_

Does this business use only disposable dishware?  Yes  No



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## Equipment on Site

*(Please circle all that apply and fill in the appropriate information for each piece of equipment.)*

| Type                           | Quantity | Equipment Description<br>(Type, Size, Dimensions, and/or Temperature) |
|--------------------------------|----------|---|
| 2 Compartment Sink             |          |   |
| 3 Compartment Sink             |          |   |
| 4 Compartment Sink             |          |   |
| Class 1 Vent Hood              |          |   |
| Commercial / Residential Oven  |          |   |
| Commercial / Residential Stove |          |   |
| Conveyor Oven                  |          |   |
| Countertop Deep Fryer          |          |   |
| Countertop Grill               |          |   |
| Deep Fryer                     |          |   |
| Dishwasher                     |          |   |
| Floor Drain                    |          |   |
| Floor Sink                     |          |   |
| Grill                          |          |   |
| Hand / Mop Sink                |          |   |
| Pre Rinse Sink                 |          |   |
| Rotisserie Stand / Tray        |          |   |
| Steam Cooker / Table           |          |   |
| Tilt Kettle or Skillet         |          |   |
| Vegetable Prep Sink            |          |   |
| Wok Stove                      |          |   |

**NOTE: Food waste and garbage disposals are not permitted in commercial kitchens.**

**Attach a copy of the MENU: *Applicable to all establishments that provide a printed, posted or publicized menu.***



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I hereby certify that the above information is correct. I acknowledge that it is the responsibility of the FSE and its representatives to be familiar with and abide by all applicable Paris City Code and BPU FOG Management Policy.

I also understand that Grease Control Equipment determinations made by the BPU represent the minimum capacity and / or rating required and at no time releases the FSE from its responsibility in ensuring established displaced liquid capacity and / or FOG concentration limits are met and that the Grease Control equipment is to be operated in an efficient manner at all times.

Any changes to the information provided above shall render this permit void, requiring the submission of a new application and may require additional grease control equipment. This permit is valid only for the specific facility, ownership, processes and operations as indicated above. As such, it may not be sold, transferred or reassigned.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*The annual permit fee of \$75.00 is due upon  
submittal of this application.**