



Application for Registration Food Service Establishments (FSE)

Forms for Food Service Establishments must be completed and submitted to the Industrial Pretreatment office.

Please read all instructions imbedded in this form. Attach additional sheets and diagrams whenever necessary. Failure to supply all information requested will delay processing. If there are any questions, please contact the Industrial Pretreatment Department by calling (915)594-5729 or visit <http://www.epwu.org>. Please keep a copy for your records and mail the original, completed form to the address below. **New facilities must contact Building Services, Plan Review by calling (915) 541-4798 for grease interceptor sizing criteria.**

Mail the completed form to: Pretreatment Manager
El Paso Water Utilities - Public Service Board
P.O. Box: 511
El Paso, TX 79961

SECTION - GENERAL INFORMATION:

1. Food Service Establishment

Parent Company: _____
Doing Business As: _____
Street Address: _____
P.O. Box: _____
Mailing Address _____
City/State/Zip: _____
Phone Number: _____
Facsimile Number: _____
E-mail address (optional): _____

2. Owner's Name: _____
Name of Authorized Representative: _____
Title: _____
P.O. Box: _____
Street Address _____
City/State/Zip _____
Phone Number: _____
Facsimile Number: _____

SECTION B - BUSINESS ACTIVITY:

1. Please indicate the regular business days:

- Mon – Sun
- Mon – Sat
- Mon – Fri
- Other (specify) _____
- Business hours: _____
- Number of meals served daily _____
- Maximum seating capacity _____

2. Do you have one or more of the following?

- Wok stove
- Food grinder/garbage disposal
- Deep fryer
- Three compartment sink
- Dishwasher
- None of the above (prepackaged food, ready to consume only)
- Grease trap (under sink)
- Grease interceptor (located outside of facility)

3. If applicable, please indicate location of grease interceptor(s)/trap(s): _____

(Over)

4. Please provide a drawing in sufficient detail to show the location of all kitchen equipment that produces wastewater, and all sewers, floor drains, sewer connections, grease traps/interceptors and appurtenances on the premises if known or readily ascertained. (Use additional sheets if necessary).
5. If applicable, please provide volume and inside dimensions (length, width, and height) in inches of your grease interceptor: _____

SECTION C – WASTE GENERATED:

1. If applicable, please provide the name of the waste hauler(s) you normally use to clean your grease trap/interceptor.

2. Please indicate the type of waste and frequency wastes are collected (e.g. daily, weekly, monthly, quarterly, or yearly).

3. Do you self-clean your grease trap(s)? Yes No (If yes, approval to self-clean must be obtained from El Paso Water Utilities)
4. Is grease (new or used) stored on premises for use/disposal? Yes No If yes, where stored?

SECTION D – AUTHORIZED REPRESENTATIVE STATEMENT:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine

Name: _____

Title: _____

Date: _____

Signature: _____

Office Use Only Registration Number: _____	Date Issued: _____
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