



CITY OF PALMDALE

PUBLIC WORKS – UTILITIES DIVISION

INDUSTRIAL WASTE PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS

IW Permit #: _____

Standard. 5 Year

Change of Ownership

Establishment Information:

Name: _____

Site Address: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Contact: _____

Billing Information:

Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Was space previously occupied? If so, identify previous tenant & type of business:

Days/Hours of operation: _____

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Do you have a grease trap, interceptor, or grease removal device? Yes No

Grease trap/interceptor size _____ **Location (front/back/side)** _____

Will your business have any of the following? (Check Yes or No)

Oven	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Range	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fryer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage Disposal/Grinder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grill hood cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dishwasher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disposable dishes/utensils	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washable dishes/utensils	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Take-out service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serving dishes washed on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Catered by outside vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salad bar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (please explain):		

How many of the following will your location contain?

Vegetable sink(s)

Pot sink(s)

Mop sink(s)

Bar/cocktail lounge sink(s)

How would you classify your establishment?

- | | | | | | | | | | |
|---------------|--------------------------|-----|--------------------------|----|------------------|--------------------------|-----|--------------------------|----|
| Full-Service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Self-Service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Fast Food | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Take-out | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Donuts | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Supermarket | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Bakery | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Delicatessen | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sandwich Shop | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Yogurt/Ice cream | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other (please explain):

Please attach a copy of the menu and initial below:

_____ I certify that the information submitted about my establishment is accurate. I agree that all food items served are accurately represented in the attached menu. If any change will be made to these food items, I agree to notify the City of Palmdale and abide by any further City of Palmdale requirements as a result of this change.

_____ I understand that menu modifications or changes to the kitchen hardware may require the installation of a new or upgraded grease removal device or devices in accordance with the City of Palmdale Plumbing Code to accommodate an increase in grease discharge.

_____ I acknowledge that I will comply with any additional City of Palmdale requirements and will inform the city of any change in management, ownership and/or use, including expansion.

Print Name _____

Signature _____

Title _____

Date _____

Property Owner Information:

Name: _____

Assessor's Parcel Identification: _____

Address: _____
