

BUSINESS GREASE DISPOSAL PERMIT APPLICATION

Deliver completed form to:

Permit Dept., 3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Email: permits@foresthilltx.org



Form must be completed in ink or typed.

Date: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Owner: _____

Phone : _____

Owner Address: _____

Business Manager: _____

Phone: _____

Manager Address: _____

Business Description: _____

Hours of Operation: _____

No. of Employees: _____

Seating (check one): ☐ Sit-down ☐ Take-out ☐ Both ☐ Gas Station ☐ Other: _____

Date of Certificate of Occupancy: _____

Square Footage of Building: _____

State Sales Tax Number: _____

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Type of food establishment (check appropriate box below):

<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Laundromat
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cocktail/Bar	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Buffet	<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Other:
<input type="checkbox"/> Take out Facility	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other:
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Supermarket/Grocery Store	<input type="checkbox"/> Other:
<input type="checkbox"/> Bakery	<input type="checkbox"/> Automotive Shop	<input type="checkbox"/> Other:
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Hair Salon	<input type="checkbox"/> Other:

FOOD PROCESSING EQUIPMENT:

KITCHEN EQUIPMENT:

	Quantity		Quantity		Quantity		Quantity
Deep Fryer		Rotisserie		Dishwasher		Other:	
Charbroiler		Stove		Pre-Rinse Sink			
Griddle		Wok		Mop Sink			
Grill		Other:		Floor Drains			
Oven				Garbage Disposal			

Does the Facility currently have (check 1 box below):

☐ Interceptor ☐ Trap ☐ Both ☐ None

If yes, indicate the liquid holding capacity in gallons: _____

Applicant Signature: _____

Title: _____

Date: _____

CITY OFFICE USE ONLY:

Approved by: _____

Date: _____