

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
FOOD PREPARER/PROCESSOR WASTEWATER DISCHARGE PERMIT APPLICATION**

**SECTION A: GENERAL BUSINESS INFORMATION**

**Local Business Information**

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business FAX Number: \_\_\_\_\_

Name of Local Representative: \_\_\_\_\_

Local Representative's Title: \_\_\_\_\_

Representative's Cell Phone Number: \_\_\_\_\_

Representative's Email Address: \_\_\_\_\_

Local Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail all correspondence (i.e., permits, renewal forms, enforcement) to the local address/representative.

**Corporate Office Information**

Check here if the Corporate Office Information is the same as the Local Business Information

Corporate Business Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Phone Number: \_\_\_\_\_

Corporate FAX Number: \_\_\_\_\_

Name of Corporate Representative: \_\_\_\_\_

Corporate Representative's Title: \_\_\_\_\_

Representative's Cell Phone Number: \_\_\_\_\_

Representative's Email Address: \_\_\_\_\_

Corporate Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail all correspondence (i.e., permits, renewal forms, enforcement) to the corporate address/representative.

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**SECTION A: GENERAL BUSINESS INFORMATION (CONTINUED FROM PAGE 1)**

**Billing Office Information**

Billing Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
Billing Contact Person: \_\_\_\_\_  
Billing Contact's Title: \_\_\_\_\_  
Contact's Email Address: \_\_\_\_\_

**Property Owner Information**

Check here if the Property Owner Information is the same as the Corporate Office Information

Name of Property Owner: \_\_\_\_\_  
Address of Property Owner: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
Name of Property Representative: \_\_\_\_\_  
Property Representative's Title: \_\_\_\_\_  
Representative's Cell Phone Number: \_\_\_\_\_  
Representative's Email Address: \_\_\_\_\_  
Property Representative's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**SECTION B: GREASE REMOVAL SYSTEM**

	Number of Units	Size of Unit(s) in lbs. or gal.
<input type="checkbox"/> Internal Passive Grease Trap(s)	_____	_____
<input type="checkbox"/> Internal Automatic Grease Trap(s)	_____	_____
<input type="checkbox"/> In-ground Grease Interceptor(s)	_____	_____

Are biodegradation products added to the grease removal system to aid in grease breakdown?

Yes  No    If yes, please attach a copy of the product MSDS to this application form.

How frequently is the grease removal system pumped and/or cleaned?

\_\_\_\_\_

Pumping and/or cleaning of the grease removal system is performed by:

In-house personnel                       Outside contractor

If an outside firm is used, please complete the requested information in the spaces provided below.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SECTION C: KITCHEN & PROCESS AREA**

Please check the items that may be found at your business location:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> 3-bay sink   | <input type="checkbox"/> pre-rinse station      | <input type="checkbox"/> dishwasher                   |
| <input type="checkbox"/> mop sink     | <input type="checkbox"/> soup sink              | <input type="checkbox"/> vegetable wash sinks         |
| <input type="checkbox"/> hand sinks   | <input type="checkbox"/> fryer                  | <input type="checkbox"/> wok line                     |
| <input type="checkbox"/> floor drains | <input type="checkbox"/> garbage disposal units | <input type="checkbox"/> Other (please specify below) |

\_\_\_\_\_  
\_\_\_\_\_

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**SECTION D: HOURS OF BUSINESS**

Please indicate below which days of the week & hours your company will be open for business:

<input type="checkbox"/> MONDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> TUESDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> WEDNESDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> THURSDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> FRIDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> SATURDAY	OPEN: _____	CLOSE: _____
<input type="checkbox"/> SUNDAY	OPEN: _____	CLOSE: _____

**SECTION E: SEATING CAPACITY & BUSINESS SALES**

Total Seating Capacity (include dining room, bar and lounge seats)

Does your business have a take-out menu?

Yes  No

Approximately what percentage of your weekly sales accounts for take-out only? \_\_\_\_\_ %

**SECTION F: OPERATIONS**

Please choose the response(s) which most closely describes your business:

 **Kitchen Operations: Restaurants, Cafeterias, Assisted Living & Nursing Homes**

- All food is prepared from scratch in-house.
- Most food is prepared from scratch in-house. Some prepared off-site and heated or fried prior to serving.
- All food is prepared off-site and then heated or fried prior to serving.

 **Whole-sale and Retail Operations: Food Processing Plants, Supermarkets, Delis, Bakeries**

- All food is prepared and/or processed on-site at the facility prior to sale or distribution.
- Most food is prepared and/or processed on-site. Some items are prepared or processed off-site and then heated, fried and/or packaged prior to sale or distribution.
- All food is prepared and/or processed off-site and then heated, fried and/or packaged prior to sale or distribution.

**SECTION G: MENU AND/OR PRODUCTS**

Please attach a copy of your company's menu and/or products list to this application form

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**SECTION H: PROCESS & SANITARY FLOWS**

Estimated Process Flow (total gallons per day): \_\_\_\_\_

Estimated Sanitary Flow (total gallons per day): \_\_\_\_\_

Process flow includes all wastewater generated in kitchen and processing operations. Sanitary flow includes wastewater generated from bathrooms.

**SECTION I: PERMIT APPLICATION CERTIFICATION**

" 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 fine and imprisonment for knowing violation."

\_\_\_\_\_  
PRINTED NAME AND TITLE OF SIGNING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF SIGNING OFFICIAL

\_\_\_\_\_  
DATE

**SECTION J: DUE DATE AND FEE**

Application form and fee must be returned to the Office of Industrial Pretreatment within thirty (30) days unless the User has applied in writing to the Warwick Sewer Authority for a hearing to show cause as to why the User should not be categorized as a non-domestic User or should otherwise be exempt from the User application and associated fees. Please make your check payable to the Warwick Sewer Authority. Return your completed application form and fee to the attention of BettyAnne Rossi at the address indicated below in Section K.

**\*\*\*\*Late application forms/fee are subject to a penalty of \$50.00/day\*\*\*\***

Fee

Due Date

**SECTION K: QUESTIONS/COMMENTS**

Should you have questions or comments concerning this form, please direct your questions/comments to:

**Office of Industrial Pretreatment Program  
Warwick Sewer Authority  
125 Arthur W. Devine Boulevard Suite B, Warwick, RI 02886-1044**

**Mr. Matthew Gosselin, Pretreatment Inspector  
Phone: (401) 468-4725 \* FAX: (401) 468-4799 \* e-mail: matthew.e.gosselin@warwickri.com**

**Ms. BettyAnne Rossi, Pretreatment Coordinator & Laboratory Director  
Phone: (401) 468-4726 \* FAX: (401) 468-4799 \* e-mail: bettyanne.rossi@warwickri.com**