**Loxahatchee River Environmental Control District**

**2500 Jupiter Park Drive, Jupiter, FL 33458-8964**

**Phone: 561-747-5700 ext. 110; Fax: 561-747-9929;** [**www.loxahatcheeriver.org**](http://www.loxahatcheeriver.org)

 **Email:** **info@lrecd.org**

**GREASE INTERCEPTOR APPLICATION QUESTIONNAIRE**

1. Food Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Food Establishment Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Operator’s Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Operator’s Corporate Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Authorized Representative Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Property Owner Name (if other than #3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Property Owner Address (if other than #4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Plaza Mgmt. Name & Contact Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Business hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Restaurant seats: \_\_\_\_\_\_ # bar seats: \_\_\_\_\_\_ # of toilets: \_\_\_\_\_\_ \****attach menu***

|  |  |  |
| --- | --- | --- |
| **Characterization of Planned or Active Business** | **Yes** | **No** |
| Will there be any food preparation on site?\* |  |  |
| Will food be served on site? |  |  |
| Will any of the following equipment be present on site? |  |  |
| Dishwasher |  |  |
| Fryer and/or Wok |  |  |
| Griddle and/or stove top cooking surface |  |  |
| Oven and/or range |  |  |
| Soft serve dispenser |  |  |
| Will all food & drink be served using disposable plates, cups and utensils? |  |  |
| Will there be a salad bar? |  |  |
| Will all salad dressings be pre-packaged in individual servings? |  |  |
| Will soft serve dispenser chill and dispense ice cream? |  |  |
| Have you submitted an Application for Service to LRD? |  |  |

*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 violations.*

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Authorized Representative Signature Print: Authorized Rep. Name / Title Date