

WASTEWATER DISPOSAL PLAN



Business Name:		Application:	Date:
		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Contact Person:		Title:	
Address:			
City:		State:	ZIP code:
Email:		Phone:	
Number of Mobile Units:	Operating Location(s):	City:	
Type of Mobile Food Unit: <input type="checkbox"/> Full-Service Mobile Food <input type="checkbox"/> Pre-Packaged <input type="checkbox"/> Push Cart <input type="checkbox"/> Shaved Ice <input type="checkbox"/> Other: _____			
Days of Operation per Week:	Hours of Operation per Day:	Number of Employees:	
Give a Brief Description of Food Products and Services (Shaved ice businesses, please list whether or not you will be serving dairy.): _____			
Location of Washing Utensils/Dishes/Pans or Disposing of Food Liquids: <input type="checkbox"/> At or in Your Mobile Unit/Stand. <input type="checkbox"/> At a Commercial Kitchen or Commissary. Business Name: _____ Business Address: _____ _____			
Location of Water/Grey Water Discharge (Wastewater cannot be discharged to a residential drain or a storm drain.): Business Name: _____ _____			
Address:	City:	State:	ZIP code:
Specific Discharge Location at the Business: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Mop Sink <input type="checkbox"/> Triple Sink <input type="checkbox"/> Hand Sink <input type="checkbox"/> Sewer Cleanout			
Wastewater Discharge Information (Wastewater must be discharged to a grease interceptor. The exception is snow cone/shaved ice MFVs that have no dairy products. Only ice melt and sugar water.): Grease Interceptor Size: _____ Amount and How Often Wastewater Discharge is Expected (Example: 30 gallons a day.): _____			

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**Remarks:**

Attestation 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 fine and imprisonment for knowing violations."

BMP Statement: "I certify that this business will abide with the required components of the Mobile Food Vending Best Management Practices including this associated Wastewater Disposal Plan."

Typed or Printed Name of Person Signing:		Title:
Signature of Applicant or Representative:		Date of Signature:
Office Use Only:		
Approved:	Date:	Sent Approval to:
<input type="checkbox"/> Yes <input type="checkbox"/> No		