

WATER QUALITY CONTROL PLANT

Serving the communities of South San Francisco, San Bruno and Colma

APPLICATION FOR FOOD FACILITY PERMIT

Instructions

For the city to properly evaluate and process a Food Facility Application, the applicant must provide a complete permit application.

- The permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. Please write N/A if the information being requested does not apply.
- A permit fee of **\$461.00** is due at the time the permit application is submitted. An application received without remittance will be returned.
- **Paying by Check:** Please make check payable to “City of South San Francisco” and mail to Water Quality Control Plant, 195 Belle Air Road, South San Francisco, CA 94080.
- **Paying by Credit Card:** Please visit the Finance Dept. at 400 Grand Avenue and reference Acct 710-35506. Email copy of receipt to EnvironmentalComplianceProgram@ssfca.gov OR include with returned Application.

Section I. Ownership Information

A. Applicant

Complete Legal Company Name	Store # (if applicable)

B. Mailing Address

Street	City	State	Zip Code

C. Business Address

Street	City	State	Zip Code

D. Phone Number () E-Mail

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E. Are you the ☐ Landowner? Or ☐ Lessee? If a lessee, include the name, address, and telephone number of the property owner and/or the manager of the property: Check one: ☐ Owner ☐ Manager

Name and Title	Address	Phone

F. Name of individual to be contacted about this Application:

Name and Title	Address	Phone

G. Person to be contacted in case of emergency:

Section II. Operations Information

H. Hours of operations: _____ Number of work days per week: _____ Number of employees: _____

I. Water Account Number(s): _____ Water Meter Number(s): _____

Section III. Discharge Information

J. Does facility have Grease Trap/Interceptor: ☐ Yes ☐ No If the answer is yes, indicate
the liquid capacity (size) of unit: _____

K. Frequency of cleaning: _____

L. Where is the food waste disposed: ☐ Garbage Disposal ☐ Trash container ☐ Other: _____

M. Please describe if any, washing activities outside of facility (i.e. wash down of trash area, washing of floor mats etc.)

O. Describe any activity that discharges wastewater (i.e. dish washing, food equipment sanitation, mop water etc.)

Section IV. Certification

I have personally examined and am familiar with the information submitted in this application. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there significant penalties for submitting false information, including the possibility of a fine.

Name: _____

Signature: _____

Title: _____

Date: _____