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 **$450.00** 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@ssf.net 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 _____

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:

_____
Name and Title Address Phone

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: _____