CITY OF LOVELAND

INDUSTRIAL PRETREATMENT PROGRAM

Survey for Establishments <u>Preparing</u> or <u>Serving</u> Food

Section 1* – General *Food Service Business Information

Name of Business: _____

"Doing Business As" (if different): _____

Local Address: _____

Phone Number: _____ Website Address: _____

If the Business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

If the Business leases the property upon which the establishment is located, provide the following information:

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

<u>Check all that apply</u>:

☐ Assisted Living/ Nursing home	☐ Commissary	☐ Fish Market	☐ Mfg./Package
☐ Bar w/food	☐ Concession	☐ Grocery	☐ Prison
☐ Bakery	☐ Convenience Store	☐ Hospital	☐ Religious
☐ Cafeteria	☐ Coffee	☐ Hotel/Motel	☐ Restaurant
☐ Catering	☐ Deli	☐ Ice Cream/Yogurt	☐ School
	☐ Fast Food	☐ Meat Processor	☐ Specialty Shop
		☐ Mobile unit	☐ Theatre

Other (specify): _____

<u>Provide a Menu</u>. If no menu – provide a list of the food prepared, served, etc.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat
Time Open							
Time Close							

Maximum seating capacity (in & out): _____

Number of meals prepared			
Breakfast	Lunch	Dinner	Other

<u>Check applicable boxes</u>

Dine-in: ☐Yes ☐No | Delivery: ☐Yes ☐No

Take-out: ☐Yes ☐No | Drive-thru: ☐Yes ☐No

Cater: ☐Yes ☐No

How is food prepared? (check all that apply):

☐ Bake	☐ Deep fryer	☐ Rotisserie
☐ Boil	☐ Flat Top Range	☐ Smoked
☐ Broil	☐ Grill/Griddle	☐ Steam
☐ Buffalo Chopper	☐ Kettle	☐ Warming drawer
☐ Char-broiler	☐ Microwave	☐ Wok
☐ Crock pot	☐ Oven	☐ Pre-packaged

Other devices (attach sheet if necessary):

_____

What is the estimated water usage for this business? _____ gallons/ day or month

Section 2 – Equipment & Wastes

☐ Dishwasher: ____ gpm	☐ 3 Comp sink, size _____ gal.	☐ Bar Sink
☐ Booster Heater	☐ 2 Comp sink, size _____ gal.	☐ Mop sink
☐ Chemical sanitize	☐ 1 Comp sink, size _____ gal.	☐ Exhaust hood
☐ Garbage disposal: # of ___	☐ Prep/Vegetable Sink	☐ Garbage can washer

Number of: Floor sinks: _____ Floor drains:_____ Trench drains: _____

Other equipment (attach sheet if necessary):

_____

Treatment

All establishments with the potential to discharge wastewater containing fats, oil, grease, or solids shall install a properly-sized pretreatment device. When sizing the device consider the food prepared, business location (i.e. near major highway/interstate), hours of operation, etc.

All equipment with the potential to discharge wastewater containing fats, oil, grease, or solids shall discharge to the properly-sized pretreatment device. **No outside drain** shall discharge to the sanitary sewer system.

The Pretreatment Device **shall not** be located in the drive-thru lane and must be accessible for cleaning and inspection.

Who will be responsible for:	Business	Property owner
Emptying waste from the Pretreatment Device:		
Repairs to the Pretreatment Device:		

How is Cooking oil and Fryer oil disposed?

☐ No cooking oil or fryer oil.

☐ Dumped in drain to the Pretreatment Device.

☐ Collected in Bucket, Drum, Dumpster, or other storage container and recycled.

☐ Other method (explain): _____

_____

Section 3 – Certification

Check the appropriate box:

☐ **A**. **Sole Proprietorship/Partnership** - If the business is a Sole-Proprietorship or Partnership an authorized representative shall mean a general partner or the proprietor.

☐ **B**. **LLC** - If the Business is an LLC an authorized representative shall mean a member or manager of the LLC.

☐ **C.** **Corporation** - If the Business is a Corporation, the authorized representative shall mean the president, vice-president, secretary or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.

☐ **D.** **Government** - If the business is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility.

This form **must be signed by an <u>Authorized Representative</u>** of the business as described in A-D above.

- I certify that this document and all attachments submitted are, to the best of my knowledge and belief, true, accurate, and complete.

- I understand this facility will be required to maintain the pretreatment device as directed by the City and that there are penalties for violations of City code, any control mechanism issued to the business, and for submitting false information.

- I agree to allow city staff access to the establishment to inspect the business or collect samples as necessary.

Printed Name of Authorized Representative	Title
Signature of Authorized Representative	Date