VILLAGE OF ISLAMORADA UTILITY DEPARTMENT
FATS, OILS AND GREASE REMOVAL DEVICE PROGRAM REGISTRATION FORM

Facility Name:	Date:
Facility Address:	
Contact Name:	Contact Email:
Telephone #:	Alternate Phone#:
Mailing Address *(if different from above)*	
Initial ONLY if your facility DOES NOT generate Fats, Oils, and Grease as described in the Village's Minimum Design and Construction Standards, Section 15. PLEASE NOTE, YOU ARE STILL REQUIRED TO SIGN PAGE 2 OF THIS FORM.	_____ Initial Here

Seating Capacity *(if applicable):*	0-50:		51-100:		101-250:		>250:		

1. Chose the description that best described your facility type:

Fast Food Restaurant		Hospital		Other		
Full Service Restaurant		Hotel		If Other please describe:		
Drive Thru Restaurant		Office				
Coffee Shop/Cafe		Marine Service				
Bakery		Marina				
Supermarket		Auto Repair				

2. Check each day your business is open:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	

3. Check the meals served at your facility (if applicable);

Breakfast:		Lunch:		Dinner:		Snack/Coffee:		Food Prep Only:	

4. Does this business have a grease removal device?	Yes:		No:		*If 'No', go to Question #6*

5. Complete the following for EACH grease removal device at your business
(If more than 1 device exists at your business, use additional sheets as necessary)

FOG REMOVAL DEVICE INFORMATION

Indoor or Outdoor:		Size (gallons):	
Location:			
Manufacturer:			
How frequently is your FOG device cleaned and/or pumped?			
How is grease disposed of?			
If a Contractor or Pumper is utilized, please complete the following:			
Company Name:			
Address:			
Telephone #:			

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6. Chose each of the items listed below that are present at your facility:							
Fryer		How many?		Grill		How many?	
Oven		How many?		Tilt Kettle		How many?	
3-Bay Pot Sink		How many?		2-Bay Pot Sink		How many?	
Single Bay Pot Sink		How many?		Pre-Rinse Sink		How many?	
Dishwasher		How many?		Mop Sink		How many?	
Work Station		How many?		Other		How many?	
If "Other" is selected, please describe:							

7. If your facility has grills/ovens, which type of exhaust cleaning system is used to clean the filters:			
Automatic Cleaning System:		Manual Cleaning System:	

8. If you manually clean hood filters, where are they cleaned?	Onsite		Offsite *(by a contractor)*	
9. If cleaning hood filters on-site, described the process in detail, e.g. location, method, frequency, etc.				
10. If fats, oils and grease are stored on the premises, described where materials is stored:				
11. Do you use additives associated with your grease containment device, floor drains, sewer lines, etc. to assist with cleaning them:	Yes		No	
12. If you answered "yes" to Question #11, please describe the additives used:				
13. If you answered "yes" to Question #11, please describe where additives are used:				

By signing below you acknowledge that the information that is provided herein is factual to the best of your knowledge. You also acknowledge that you have read and understand the Village's Grease Interceptor Policy that is available to down at www.islamorada.fl.us. You are also aware that you must notify the Village Utility Department within 30 days if any of the information provided on this Registration Form changes. Questions regarding the program and its requirements should be directed to the Village Utility Department at 305-664-6450.

Signature:	Date:

Print Name:

Please complete this form in its entirety and forward via email, fax or mail to:

Islamorada, Village of Islands
Utility Department
Attention: Grease Trap Maintenance Program
86800 Overseas Highway
Islamorada, Florida 33036
Fax: 305-425-0364
Email: suzi.rubio@islamorada.fl.us