



CITY OF BOSSIER CITY

P. O. BOX 5337
BOSSIER CITY, LOUISIANA 71171-5337

PERMIT APPLICATION

(Food Preparation/Handling Facilities Only)

Answer to the following questions must be typed or printed in ink.

SECTION A. GENERAL INFORMATION

1. Facility Name: _____
Physical Address: _____
City: _____, State _____, Zip _____
Phone No.: () _____

2. Business Mailing Address: _____
City: _____, State _____, Zip _____
Phone No.: () _____

3. Owners Name: _____
Physical Address: _____
City: _____, State _____, Zip _____
Phone No.: () _____

4. Designated Signatory Authority:

Name: _____
Physical Address: _____
City: _____, State _____, Zip _____
Phone No. () _____

5. Designated Facility Contact:

Name: _____
Physical Address: _____
City: _____, State _____, Zip _____
Phone No.: () _____

6. Month and Year Operations began: _____

SECTION B. BUSINESS DESCRIPTION

1. Describe in detail all operations including primary and/or service activities for this facility (use additional sheets if necessary):

2. Please indicate the number of kitchen appliances used at this facility:

bake ovens _____, grills, _____, deep fryers _____
freezers, _____, refrigerators _____, garbage grinders _____
dishwasher(s) _____

3. Number of Employees: _____

4. Operation Hrs. per day: _____ Operation Days per week: _____

5. Seating Capacity: _____

6. Number of Restrooms: _____

7. Are any changes or expansions planned during the next 12 months to your facility that would alter seating capacity or increased water usage: Yes _____ No _____

If yes, please give details: _____

SECTION C. WATER SOURCES (Check all that applies)

- 1. Private Well ()
Surface Water ()
Municipal Water ()
- 2. List Monthly Water Usage in Gallons _____(gpm)

SECTION D. GREASE TRAP INFORMATION

- 1. Is a grease trap currently being used at this facility:
Yes_____ No_____
- If yes, what is the holding capacity of the grease trap:_____ gallons.
- 2. Is grease trap equipped with baffles: Yes_____ No_____
- 3. State exact location of grease trap:_____
- _____
- _____
- _____
- 4. How often is the grease trap pumped: _____
- 5. If grease trap is pumped out by a commercial pumper please give the name, address and phone number of your commercial pumper.
- _____
- _____
- _____
- _____
- 6. Grease trap(s) pumped out 100% dry: Yes_____ No_____
- 7. How is grease trap waste disposed of:_____
- _____
- _____
- _____

8. Are enzymes and/or bacteria currently used in grease traps:

Yes_____ No_____

If yes, how often:_____

9. Name and Address of enzymes and/or bacteria supplier:

10. Is grease trap equipped with a clean out port on the effluent side of grease trap: Yes_____ No_____

If yes, please indicate size of clean-out port:_____ inch

11. Schematic flow diagram: Please draw a diagram of kitchen area showing all operations generating wastewater. Please include all floor drains. Show all flows entering grease trap and flows entering sanitary sewer.

12. Please mail completed permit application form within 30 workdays to:

City of Bossier City
Environmental Affairs
P.O. Box 5337
Bossier City, LA 71171-5337

Authorization Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designated 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, 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 fines.

Name

Title

Signature

Date