



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

- Facility Name: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone: (_____) _____ - _____

Please select preference for billing and correspondence: MAIL EMAIL

- Business Mailing Address
 Address: _____
 City, State, Zip Code: _____
 Telephone: (_____) _____ - _____ Email: _____
- Owners Name: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone: (_____) _____ - _____ Email: _____
- Designated Signatory Authority
 Address: _____
 City, State, Zip Code: _____
 Telephone: (_____) _____ - _____ Email: _____

SECTION B. FACILITY DESCRIPTION

1. Month and Year Operations Began: _____
2. Describe in detail all operations including primary and/or service activities for this facility.

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

Grills: _____ Deep Fryers: _____ Bake Ovens: _____
Freezers: _____ Refrigerators: _____ Garbage Grinders: _____
Dishwashers: _____

4. Number of Employees: _____ Seating Capacity: _____

5. Operations Hours Per Day: _____ Operations Per Week: _____

6. Number of Restrooms: _____

7. Are there 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 a detailed description:

SECTION C. WATER SOURCES

1. Check all that apply: Private Well: _____ Surface Water: _____ Municipal Water: _____

2. Account Number if Municipal Water: _____ - _____

3. List Monthly Water Usage in Gallons: _____

SECTION D. GREASE TRAP INFORMATION

1. Is a grease trap currently being used at this facility? YES: _____ NO: _____

2. If so, what is the holding capacity? _____ Gallons
3. Pumping frequency: (See mandatory pumping frequency below.) _____
- 4.2(a) The permittee shall identify the size of interceptor located on their property and use the following pumping frequency listed below:

Mandatory Pumping Frequency Large Interceptor (minimum)

Interceptor Size (gallons)	Pumping Frequency	% Pumped	Manifest Report
>100 but not more than 1000	90 days	100%	90 days
>1000 but not more than 3000	60 days	100%	60 days
>3000 but not more than 5000	30 days	100%	monthly
>5000 or more	Twice/month	100%	monthly

Note: More frequent pumping intervals shall be required to prevent grease interceptor/trap from operating poorly or improperly (see Section 5.3 : Permit Modification).

4. Is grease trap equipped with a clean out port on the effluent side? YES: ____ NO: ____
 If yes, please indicate size of clean-out port: _____ Inches
5. Please describe exact location of grease trap.

6. Commercial Pumper Information:

Business: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (____) ____ - _____

7. Is a used oil container currently being used at this facility? YES: ____ NO: ____
8. Size of container? _____ Gallons

9. Name and address of contractor:

Business: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (____) ____ - _____

10. Please describe exact location of storage container.

11. Please draw or attach a diagram of kitchen area showing all operations generating wastewater in the blank space provided. Please include all floor drains. Show all flows entering grease trap and flows entering sanitary sewer.

11. Please mail or email completed permit application form within _____ workdays to the following contact:

Erika Stahl

Stahle@bossiercity.org

City of Bossier City
Environmental Affairs
Office - 318-213-2164
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 Printed: _____

Title: _____

Signature: _____

Date: _____