

Grease Management Permit Program Application Form



City of Junction City

700 N Jefferson St.
PO Box 287
ATTN: Public Works
Junction City, KS 66441
PH: 785-238-7142 F: 785-210-1916

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

2. Facility Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Website: _____

3. Business Mailing Address: (if different from 2. above)

Address: _____

City: _____ State: _____ Zip: _____

4. Property Owner (if different than facility):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ E-mail Address: _____

5. Designated facility contact:

Name: _____

Title: _____

Phone number: _____ E-mail Address: _____

SECTION B – OPERATIONS

1. Please choose the description(s) that best fits your facility:

<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	Full-Service Restaurant	<input type="checkbox"/>	Hotel/ Motel
<input type="checkbox"/>	Drive-through (only) Restaurant	<input type="checkbox"/>	School
<input type="checkbox"/>	Seasonal Restaurant	<input type="checkbox"/>	Club/ Organization
<input type="checkbox"/>	Coffee Shop	<input type="checkbox"/>	Company/ Office Building
<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Ice Cream Shop
<input type="checkbox"/>	Supermarket	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Religious Institution	<input type="checkbox"/>	Catering
<input type="checkbox"/>	Other	<input type="checkbox"/>	

What is the seating capacity at your facility? _____

What are the days and hours of operation? _____

SECTION C - GREASE REMOVAL DEVICE(S)

1. How many grease removal device(s) do you have? _____
2. Complete the following for all grease removal device(s). Please use additional paper if necessary
 - a. Make and Model: _____
 Location (kitchen, parking lot, etc): _____
 Capacity (in gallons): _____ Year installed: _____
 How often cleaned/pumped: _____
 - b. Make and Model: _____
 Location (kitchen, parking lot, etc): _____
 Capacity (in gallons): _____ Year installed: _____
 How often cleaned/pumped: _____
 - c. Make and Model: _____
 Location (kitchen, parking lot, etc): _____
 Capacity (in gallons): _____ Year installed: _____
 How often cleaned/pumped: _____
3. If the **UNDERSINK** grease interceptor is being maintained on-site, how do you dispose of the waste after cleaning?

	Trash
	Contractor disposes of grease
	Recycle
	Other explain:

SECTION D – CERTIFICATION

I certify that the facts and information in this application, including any attachments, are true, complete, and accurate to the best of my knowledge. I further certify that this application does not contain any fraudulent, misrepresented, or false statements.

Signature of Authorized Representative

Title

Printed Name

Date

SECTION E – PAYMENT

If your facility already has one or more grease removal devices, please return this completed form with a permit fee of \$50 for each device and \$35 for site inspection. Make checks/money orders payable to “City of Junction City”. Completed forms and payment can be sent to: City of Junction City, 700 N. Jefferson St., PO Box 287, ATTN: Public Works, Junction City, KS 66441. **Facilities with no devices are required to have an application on file.**