

PLEASE PRINT LEGIBLY

Grease Trap / Interceptor Application – p.1

FOOD ESTABLISHMENT DISCHARGE LICENSE APPLICATION – FORM 160-8

*A separate application must be submitted for each grease trap / interceptor at an establishment
Failure to complete the form in its entirety may extend the registration process and delay issuance of the Mercantile License.*

Establishment Name: _____

Street Address: _____

Owner's Name: _____ Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Please Check One: First Time Application Renewal

Please complete the following for EACH installed grease trap *(first time applicants only)*

Manufacturer: _____ Size: _____

Type: Indoor Outdoor

Specific Location: _____

Which best describes how often the grease trap is cleaned:

Weekly Monthly Quarterly Other: _____
(please explain)

When your indoor grease trap is cleaned, how is the waste disposed of?

Trash Mix with grease stored on the premises *(i.e. fryolater grease)*
 Contractor/Licensed Renderer

Name of Grease Trap / Interceptor Maintenance Company *(if applicable)*:

Company Name: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor License # *(if applicable)*: _____

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Do you use additives such as bacteria or enzymes in your grease traps, floor drains, sewer lines etc. to help them?

_____ Yes _____ No

Please check each of the items below that are present in your establishment:

	Equipment	Total Number of Each
	Fryolators	
	Grills	
	Ovens	
	Tilt Kettles	
	Garbage Disposals	
	Three Bay Sink	
	Two Bay Sink	
	Dishwasher	
	Mop Sink	

Do you share a common grease interceptor with other facilities? _____ Yes _____ No

If yes, who owns the facility or is responsible for the maintenance:

Facility Owner: _____ Phone: _____

Name of Facility: _____

I certify to the best of my knowledge that the information provided above is accurate and complete.

Signature of Authorized Owner / Representative Date

Printed Name of Authorized Owner / Representative

A copy of the most recent paid receipt for clean-out or a copy of your establishments clean-out log for all traps / interceptors must accompany this application. Application will not be accepted otherwise.

Check or Money Order in the amount of \$50.00 should be made payable and submitted to:

*Township of Maple Shade
Attn: Township Clerk
200 Stiles Avenue
Maple Shade, NJ 08052*

FOR OFFICE USE ONLY

Approved: Yes

Certificate Issued By: _____

No

Date of Issue: _____