

E. City of Glendale Business Registration Certificate (BRC) Number: _____

F. Billing Address: _____ (if same as 3A, check here)

Name (Legal): _____

Address /PO Box #: _____ City _____ Zip _____

Attention Name: _____ Title: _____

G. Mailing Address: _____ (if same as 3A, check here) _____ (if same as above/3F, check here)

Name (Legal): _____

Address /PO Box #: _____ City _____ Zip _____

Attention Name: _____ Title: _____

H. Landlord, Property Owner, or Management Company:

Name: _____

Address /PO Box #: _____ City _____ Zip _____

Attention Name: _____ Title: _____

Phone #: _____ Fax #: _____ Email: _____

I. Business Operations:

Date operations began /or will begin (mm/dd/yyyy) _____

of Employees _____ Number of Shifts _____

Hours of Operation: _____ AM/PM to _____ AM/PM Total Hours Per Day: _____

Days Per Week (circle all that apply): S M T W TH F S

Estimated Flow to Sewer: _____ gpd (gallons per day)

Type of Pre-Treatment System: _____

(gravity grease interceptor, grease trap, grease removal device (GRD), hydro-mechanical interceptor, etc...)

GWP Water Meter(s)? Yes No CVWD Water Meter(s)? Yes No

Meter Address: _____

J. NACIS CODE: _____

SECTION 4 – FOOD SERVICE ESTABLISHMENT (FSE) DESCRIPTION:

A. Type of Business: _____

(restaurant, café, pizza parlor, donut shop, fast food establishment, ice cream, market /grocery, banquet hall, hospital, care facility, school, etc.)

B. Maximum Occupancy Load: _____

C. Department of Health Services Permit Number: _____

SECTION 9 – SIGNATORY REQUIREMENT:

This application must be signed by a company authorized representative (see definitions). Signatures of designers, architects or contractors are only accepted as a construction contract.

I certify under penalty of law that the document and all the attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DRIVER'S LICENSE NUMBER

DATE

NEW FEES EFFECTIVE DATE: JULY 1, 2019

Make check payable to "City of Glendale" and return to the following address:

Permit Services Center: 633 E. Broadway, Rm. 101, Glendale, Ca 91206 – Mon-Fri 7:00am to 12:00pm

Initial Permit Application & Renewal Fee: \$ _____

**FSE discharge to sanitary system or storm drain:
(includes annual inspection and sampling) \$ _____**

**Bakery discharge into the sanitary sewer or
Storm drain. (includes annual inspection and sampling) \$ _____**

Total Due: \$ _____