

APPLICATION FOR BUSINESSES SERVING OR PREPARING FOOD (GREASE TRAP)

Date of Application: _____

Name of Business: _____

Physical Address of Business: _____

Business Owner Contact Information: Home #(_____) _____ Cell # (_____) _____

Email address: _____

- Has the facility for which this application is hereby made been previously permitted by the Department of Health and Hospitals for the purpose of operating a Retail Food Establishment? Yes No
If yes, what was the name of the previous business? _____
- Will the occupancy classification (i.e. bar, restaurant, grocery) of the business for which you are applying remain exactly the same as the previous business? Yes No
- Name of responsible agent if different from business owner: _____
Phone #(_____) _____ Email: _____
Mailing Address: _____

4. Type of Business:
- | | | |
|---|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery-Packaged only (chips and candy bars) | <input type="checkbox"/> Group home- # of residents _____ |
| <input type="checkbox"/> Seafood Market | <input type="checkbox"/> Hospital/Clinic Cafeteria | |
| <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Grocery-deli(kitchen) | <input type="checkbox"/> Other – be specific _____ |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Day care/with food preparation | |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Nursing home cafeteria | |
| <input type="checkbox"/> Bakery | | |

5. Type of Submission:
- | | |
|---|---|
| <input type="checkbox"/> change of existing business ownership only | <input type="checkbox"/> reopening of previously closed food establishment. How long was it closed? _____ |
| <input type="checkbox"/> conversion of non-food establishment to food establishment | |
| <input type="checkbox"/> new construction of retail food establishment | <input type="checkbox"/> change of existing retail food business and property ownership |
| <input type="checkbox"/> renovation/remodel of existing retail food business | <input type="checkbox"/> other – be specific: _____ |

6. If increasing the square footage of the business or the usable area, indicate the following:
- Existing footage: _____
- Proposed square footage change: + _____
- Total = _____

7. Total square footage of business: _____ Usable square footage of business: _____
- (Note: According to La State Plumbing Code, the usable square footage is the total square footage minus kitchen, toilets, halls, and heating-ventilation-air space. Do not subtract space for shelving, tables, or any equipment that is not permanently attached).

8. Plumbing:
- Restrooms
- | | |
|-------------------------|------------------------------------|
| LADIES | MEN |
| _____ # of toilets | _____ # of toilets _____ # urinals |
| _____ # hand wash sinks | _____ # hand wash sinks |

Other Plumbing

Water fountains: # provided _____ not applicable (state reason) _____

Indirect drain connections provided at food preparation sinks (including 3 compartment sink):
 Yes No Not applicable(state reason) _____

9. Grease trap size provided or proposed for facility: _____
 (Note: It is recommended that specifications for grease trap or grease interceptor are submitted and approval received prior to purchasing the device.)
10. What is the method of garbage/waste disposal? _____

FLOOR PLAN IS REQUIRED (HAND-DRAWN OR PROFESSIONALLY DRAFTED)

Signature of person preparing this form _____ Date of Signature: _____

Print name of Person Preparing this form _____ Print Title of Person preparing this form _____

Upon completion of this form, turn in to City of Abbeville, Permit Department.
 This form along with drawings submitted will be reviewed by the City's Building Code Enforcement Officer for compliance.
CONTACT INFORMATION: City of Abbeville, Permit Dept. (337)898-4213
 Building Code Enforcement Officer (337)893-8397
 Plan Review and Inspection Fee: \$125.00 (this fee must be paid before occupancy is granted)

For Office Use Only: Approved Denied _____
 Signature _____ Date _____