

CITY OF ABBEVILLE
GREASE TRAP APPLICATION
(BUSINESSES SERVING OR PREPARING FOOD)



DATE OF APPLICATION: _____
 BUSINESS NAME: _____
 BUSINESS PHYSICAL ADDRESS: _____
 BUSINESS OWNER PHONE: (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
- 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 the responsible agent if different from the business owner: _____
 Phone #: _____ Email: _____
 Mailing Address: _____

4. Type of Business:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery deli (kitchen) | <input type="checkbox"/> Hospital/Clinic Cafeteria | <input type="checkbox"/> Restaurant/Bar |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Grocery Packaged Only | <input type="checkbox"/> Meat Market | <input type="checkbox"/> Seafood Market |
| <input type="checkbox"/> Day Care
w/ food prep | <input type="checkbox"/> Group Home
residents _____ | <input type="checkbox"/> Nursing Home Cafeteria | |
| <input type="checkbox"/> Other – (be specific) _____ | | <input type="checkbox"/> Restaurant | |

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"/> change of existing retail food business and property ownership |
| <input type="checkbox"/> new construction of retail food establishment | <input type="checkbox"/> other – be specific: _____ |
| <input type="checkbox"/> renovation/remodel of existing retail food business | |

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

_____ # of toilets
 _____ # hand washing stations

Men

_____ # of toilets
 _____ # urinals
 _____ # hand washing stations

Other Plumbing

_____ # of water fountains N/A (state reason) _____

Indirect drain connections provided at food preparation sinks (including 3 compartment sink) YES NO N/A

If 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? _____

