



City of Millbrae Pretreatment Program  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
Food Service

400 E. Millbrae Ave.  
Millbrae, CA 94030  
650.259.2397

**Incomplete forms will result in delay of permit approval.**

Applicant: \_\_\_\_\_  
Complete Legal Company Name

Business Phone number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Check one: ☐ Landowner ☐ Lessee

If you are lessee, include contact information of the property owner and/or the manager of the property. Check one: ☐ Owner ☐ Manager

\_\_\_\_\_  
Name and Title Address Phone

\_\_\_\_\_  
Email Address

Person to contact regarding application and reporting (Manager, Supervisor, etc.):

\_\_\_\_\_  
Name and Title Address Cell Phone

\_\_\_\_\_  
Email Address

Person responsible for compliance with this permit (Owner, President, etc.):

\_\_\_\_\_  
Name and Title Address Cell Phone

\_\_\_\_\_  
Email Address

Hours of operation: \_\_\_\_\_ Days of operation: s ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐

Number of employees: \_\_\_\_\_

What is your average monthly water use in gallons? \_\_\_\_\_ (1 unit = 748 gallons)

Restaurant ☐ Food Manufacturing ☐ Wholesale ☐ Retail ☐

Garbage Grinder/Disposal: Yes ☐ No ☐

Roaster: Yes ☐ No ☐

Wok Stove: Yes ☐ No ☐

What percent of cooking is done with woks? \_\_\_\_\_

Deep Fat Fryer: Yes ☐ No ☐

What percent of cooking is done with fryers? \_\_\_\_\_

Grease Removal Device(s): ☐ Yes ☐ No

Location of all grease trap/interceptor(s): \_\_\_\_\_

If yes, indicate the liquid capacity (size) in gallons: \_\_\_\_\_

Frequency of cleaning: \_\_\_\_\_

Name of company performing trap/interceptor cleaning: \_\_\_\_\_

If, cleaned in house, describe cleaning and disposal procedures:

Dishwasher: Yes ☐ No ☐ Connected to Grease Removal Device Yes ☐ No ☐

Dishwasher: Heat sanitation ☐ (Temperature: \_\_\_\_\_) Chemical sanitation ☐ Both ☐

Food waste disposed: ☐ Garbage Disposal ☐ Trash container ☐ Other: \_\_\_\_\_

Mop Sink: Yes ☐ No ☐

Used Oil/Tallow Bin: Yes ☐ No ☐ Secondary Containment: Yes ☐ No ☐

Name of Tallow Company who will pick up used cooking oil? (If not using company, describe disposal procedures.)

Describe any other food preparation or cooking practices which use grease or cooking oil.

Please describe, if any, washing activities outside of facility (i.e. wash down of trash area, washing of floor mats etc.

Describe any activity that discharges wastewater (i.e. dish washing, food equipment sanitation, mop water etc.)

## KITCHEN/FOOD PREPARATION LAYOUT REQUIRED FOR ALL NEW BUILDINGS OR TENNANT IMPROVEMENT SUBMITTALS

Attach a kitchen floor plan showing all plumbing fixtures.

Show the location of all sinks (hand, pots & pans, prep), floor sinks, dishwashers and disposals including sewer plumbing diagram. Also indicate location and plumbing plans for all grease removal devices (grease traps/interceptors). Building plumbing blueprints with equipment location indicated are acceptable.

**Attach current or planned menu.**

*This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein, and becomes liable for any and all future enforcement actions.*

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

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|            |       |
|------------|-------|
| PRINT NAME | TITLE |
|------------|-------|

**\_\_\_\_\_**

Please retain a copy for your records and submit original application to:

City of Millbrae  
Water Pollution Control Plant  
Pretreatment Program  
400 East Millbrae Avenue  
Millbrae, CA 94030

Questions? Please contact:

Cliff Ly  
Environmental Compliance Inspector  
650.259.2397 or [cly@ci.millbrae.ca.us](mailto:cly@ci.millbrae.ca.us)