

Checklist - Required Information for FSF Application

Facility Description

Facility Name: _____ Doing Business As: (if applicable) _____

Property Tax Number: _____ Facility General Email: _____

Site Address

Address 1: _____

Address 2: _____

City: Pembroke Pines

State: Florida Zip: _____

Mailing Address

Address 1: _____

Address 2: _____

City: _____

State: Florida Zip: _____

Facility type:

- | | | | |
|------------------------------------|----------------------------------|-------------------------------|-------------------------------------|
| Bakery _____ | Bar/Lounge/Club _____ | Coffee Shop _____ | Food Court _____ |
| Drive Thru (Only) Restaurant _____ | Fast Food Restaurant _____ | Full-Service Restaurant _____ | Seasonal Restaurant _____ |
| Food Manufacturer _____ | Grocery/Supermarket _____ | Hospitals w/Kitchen _____ | Religious Buildings w/Kitchen _____ |
| Food Packaging Company _____ | Hotels/Motels w/Kitchen _____ | Ice Cream Shop _____ | Nursing Homes w/Kitchen _____ |
| Office Building w/Kitchen _____ | Schools/Colleges w/kitchen _____ | | |

Seating Capacity: _____ Days per week of operation: _____ Hours per day of operation: _____

Primary Contact Person / Grease Related Issues:

First Name: _____ Last Name: _____

Phone: _____ Ext: _____

Email: _____

Secondary Contact Persons / Grease Related Issues:

First Name: _____ Last Name: _____

Phone: _____ Ext: _____

Email: _____

General Equipment List: please provide the type and number of systems used by your facility:

- | | | | | | |
|--------------------------------|--------------------|-------------------------|-------------------------|------------------------------|---------------------|
| Grill(s) _____ | Oven(s) _____ | Dishwasher(s) _____ | Pre-Rinse Sink(s) _____ | Single Bay Pot Sink(s) _____ | Deep Fryer(s) _____ |
| Floor Drains _____ | Hand Sink(s) _____ | 3 Bay Pot Sink(s) _____ | 2 Bay Pot Sink(s) _____ | Garbage Disposal(s) _____ | Mop Sink(s) _____ |
| Tilt Kettle Crock Pot(s) _____ | | | | | |

Grease Tanks

Enter the # of grease tanks that are outside: _____
 (Each outside tank should have two lids marked Grease. Add the number of grease lids and divide by 2)

Enter the # of grease tanks that are inside: _____
 (Each inside tank should have one lid marked Grease. Add the number of grease lids inside the building)

Total # of gallons from all grease tanks _____ total gals.
 (If this information is not available add 1,000 gallons for each outside tank and 80 gallons for each inside tank)

Please check the inspection and cleaning/pumping schedule for the fog systems

____ Monthly _____ 60 days _____ Quarterly
 ____ Biannually _____ Annually

Date Last Serviced ____ / ____ / ____

Date Last Pumped ____ / ____ / ____

Are maintenance logs and cleaning records available for review? ____ Yes ____ No

Please provide your grease removal companies contact info:

Grease Removal Company

Company Name: _____
 Contact Person: _____
 Contact Person Phone: _____
 Contact Person Email: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Biz. Phone: _____ Ext: _____
 Biz Email: _____

Oil Recycling Containers

Enter the # of oil recycling containers on the property: _____
 (Each outside container should be marked Recycled Oil.)

If applicable, enter the total gals. of oil capacity _____ gals.
 (The oil recycling container usually has a label showing its capacity, if this information is not available add 250 gals for each container)

Please check the inspection and cleaning/pumping schedule for the oil recycling containers.

____ Monthly _____ 60 days _____ Quarterly
 ____ Biannually _____ Annually

Date Last Serviced ____ / ____ / ____

Date Last Pumped ____ / ____ / ____

Are the oil recycling containers maintenance logs and cleaning records available for review? ____ Yes ____ No

Please provide the name and contact information of your oil recycling company:

Oil Recycling Company

Company Name: _____
 Contact Person: _____
 Contact Person Phone: _____
 Contact Person Email: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Biz. Phone: _____ Ext: _____
 Biz Email: _____