

FOOD SERVICE APPLICATION ANNUAL RENEWAL

Must be included in submission renewal.

Check for \$300.00 made payable to: City of Gardner

Renewal Application will not be accepted without payment and a site visit by program member.

Location Information

Facility Name: _____

Facility Address: _____ Phone Number: _____

Name of owner/contact person: _____

Owner/contact person email: _____ Contact Number: _____

Sanitary Disposal Contractor: _____

Grease interceptor? Yes No

Size of grease interceptor in gallons: _____ Menu Change: Yes No If yes please include

Amount of grease that will be generated per month: _____

Is sanitary hauler licensed in Johnson County? Yes No Interceptor condition: New, Existing, Repaired.

I certify that the information submitted is, accurate and true to the best of my knowledge.

OWNER / REPRESENTATIVE:

Signature: _____ Title: _____ Date: _____

FOR STAFF USE ONLY

Approved

Denied

Staff Signature: _____ Date: _____

Title: _____