



This supplemental information checklist must be completed and uploaded with any required documents when submitting a Minor or Significant Industrial User Pretreatment Review Application. Complete, sign, then submit this form and any supplemental information or documents to:

<https://palsonline.co.pierce.wa.us/palsonline/#/dashboard>. All documents must be uploaded in PDF format.

Use this form if:

1. You are proposing to prepare and/or serve food and/or beverages on the premises (e.g., restaurants, coffee stands, juice bars, schools, convenience stores), **AND**
2. The building is, or will be, connected to Pierce County Sanitary Sewers, **AND**
3. The business/commercial facility is designated as a Minor Industrial User or a Significant Industrial User (see the [Handout H1, What Type of Industrial User Are You?](#))

A. Additional Information to be Shown on Floor Plan, Plumbing Plan, and Commercial Site Map

1. **Floor Plan:** See [Bulletin B4](#). Additionally, show and label fixtures and equipment in kitchen, food prep, and clean-up areas, and all seating/tables.
2. **Plumbing Plan.** See [Bulletin B4](#). Additionally, if the business will be connected to a grease interceptor, show which fixtures and floor drains will be routed to the grease interceptor and which will be routed to the domestic waste line.
3. **Commercial Site Map.** See [Bulletin B24](#). Additionally, show any existing or proposed grease interceptors.

B. Kitchen and Cooking Practices

1. Submit a copy of your menu or product list.
2. What ingredients with fats, oils, and/or grease (beef, chicken, butter, oil, cream, etc.) will you use in your recipes?

3. Are you cooking any food on the premises? Yes No

If you answered "Yes", what type of cooking methods will you use? (Check all that apply):

- Baking Broiling Frying Stir-frying Boiling Barbequing
 Steaming Grilling
 Other _____

3. **If you answered "No",** are you warming pre-cooked meals? Yes No

4. What cooking equipment will you have on the premises? (Check all that apply):

- Oven Range Grill Fryer Wok
 B-B-Q/Smoker Steamer Type 1 Hood Type 2 Hood
 Other _____

C. Hours of Operation

	Open	Start Service*	End Service*	Close
Sunday:	____:____	____:____	____:____	____:____
Monday:	____:____	____:____	____:____	____:____
Tuesday:	____:____	____:____	____:____	____:____
Wednesday:	____:____	____:____	____:____	____:____
Thursday:	____:____	____:____	____:____	____:____
Friday:	____:____	____:____	____:____	____:____
Saturday:	____:____	____:____	____:____	____:____

* Enter the times your business is open and closed to the public, or starts and stops serving meals.

D. Food Service Practices

1. Will you have dine-in seating? Yes No

If "Yes", how many seats? _____ dining room + _____ outdoor + _____ bar = _____ total seating

a. Will you have take-out and/or delivery service? Yes No

b. Will you be using disposable utensils and cutlery? Yes No

c. Will you be using disposable plates and/or bowls? Yes No

d. Will you be using reusable plates, bowls, utensils, cutlery, trays, or baskets? Yes No

2. Meals per peak hour: _____

E. Cleaning

1. Will you be cleaning dishes and/or utensils? Yes No

2. Will you be cleaning pots and/or pans? Yes No

3. Will you be cleaning trays and/or baskets? Yes No

4. Will you be using a commercial dishwasher? Yes No

5. Will you be using a residential-grade dishwasher? Yes No

F. Solid Waste

Will you be recycling/disposing of used grease and or oils? Yes No

If "Yes", submit a copy of an agreement between the owner/operator and a service company to remove/recycle grease and oils.

G. Grease Removal

Is there an existing grease interceptor already connected to the tenant space/business? Yes No

If **“Yes”**, submit an engineering report prepared by a Registered Professional Engineer verifying the size, condition, and location of the grease interceptor, and that the existing grease interceptor is adequate to serve your business. Also, submit any available pumping and/or maintenance receipts or reports.

If **“Yes”**, submit a copy of a maintenance agreement between the owner/operator and a commercial disposal or septic tank cleaning service to provide periodic cleaning and pumping of the grease interceptor.

If **“No”**, are you proposing to install a grease interceptor? Yes No

H. Affidavit

As the Applicant, I/we hereby state that all the information provided herein and stated above is true and correct. I/We further state that we are either the legal owner of the property described above, an authorized agent of the owner, or a tenant that has entered into a lease agreement with the property owner to operate the business and/or facility described herein on the owner’s property.

I/We further state that:

Initial Here

- a. ____ Our business will not install/use garbage grinder/disposal units, **AND**
- b. ____ All waste food, including coffee grounds, will be disposed to solid waste; not into the sanitary sewer, **AND**
- c. ____ Our business will not discharge wash water/chemicals used to clean a ceiling, ceiling vent, and/or hoods.

Applicant’s Signature

Date

Applicant’s Name (Printed)

Title

Company Name (Printed)

Note: The Applicant must be the property owner or tenant/business owner. Engineers, architects, contractors, or other agents of the Applicant are not allowed to sign this form without submittal of documented approval from the Applicant.