



Application for Registration Food Service Establishments (FSE)

Forms for Food Service Establishments must be completed and submitted to the Industrial Pretreatment office.

Please read and complete the entire form. Failure to supply all information requested will delay processing. If there are any questions, please contact the Industrial Pretreatment Department by calling (915)594-5729 or visit <http://www.epwu.org>. Please keep a copy for your records and mail the original, completed form to the address below. **New establishments must contact the City of El Paso One Stop Shop (City 4), 811 Texas Ave, El Paso, TX 79901, (915)212-1597, for grease interceptor sizing criteria and plumbing information.**

Mail the completed form to: Pretreatment Manager
El Paso Water
4100-L Delta Drive
El Paso, TX 79905

SECTION A - GENERAL INFORMATION:

1. Business Name: _____
Corporation Name: _____
Business Street Address: _____
Business City/ State/Zip: _____
Phone Number: _____
E-mail address: _____
2. Mailing Street Address: _____
Mailing City/State/Zip Code: _____
3. Owner's Name: _____

SECTION B - BUSINESS ACTIVITY:

1. Please indicate regular business days and hours:
 Mon –Sun _____
 Mon – Sat _____
 Mon – Fri _____
 Other (specify) _____
2. Maximum seating capacity _____
3. Do you have one or more of the following?
 Food grinder/garbage disposal
 Deep Fryer
 Three compartment sink
 Dishwasher
 None of the above (prepackaged food only)
 Grease trap (under sink)
 Grease interceptor (located outside of facility)

SECTION C – AUTHORIZED REPRESENTATIVE STATEMENT:

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 a fine.

Name: _____

Title: _____

Date: _____

Office Use Only
Registration Number: _____ Date Issued: _____