



Request for Exemption Food Service Establishments (FSE)

I am requesting exemption from:

____ Registration ____ Quarterly Pumping Frequency ____ Requirement to Install Grease Trap/Interceptor

SECTION A - GENERAL INFORMATION:

- 1. Business Name: _____
- 2. Owner's Name: _____
- 3. EPW Registration Number: _____
- 4. Business Street Address: _____
Business City/ State/Zip: _____
- 5. Mailing Address (if different) _____
City/State/Zip: _____
- 6. E-mail address: _____

SECTION B – EXEMPTION:

Please explain why you believe an exemption should be granted to this facility:

SECTION C - BUSINESS ACTIVITY:

- 1. Please indicate the regular business days of the establishment:
 - a. Mon – Sun Mon – Sat
 - Mon – Fri Other (specify)
- b. Regular Business Hours: _____
- 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 D – 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: _____

Date: _____

Signature: _____

<p>Office Use Only Exemption Denied/Granted: _____ Date Response Mailed: _____</p>
