



IMPORTANT NOTICE

City of Oceanside
Financial Services Department

Oceanside City Code requires that any business have an approved business license prior to opening for business. Submitting an application for a business license and paying the fee does not constitute a business license approval.

The approval process takes approximately fifteen (15) days after submittal of a completed application. If your business requires Fire Department inspection, special City approval such as a Conditional Use Permit or Development Plan, or if your business is proposed for public property and is subject to lease consideration, this process could be longer.

You may want to defer signing a lease agreement, or purchasing a business site until you have checked with the Planning Department about the proper zoning of your proposed property.

Applicant Signature

Date



BUSINESS LICENSE APPLICATION

City of Oceanside
Financial Services Department

PLEASE INDICATE:

- ☐ New Business
- ☐ Additional Location
- ☐ Change of Owners
- ☐ Change of Address
- ☐ Change of Business Name
- ☐ Add/Change Business Description
- ☐ Home Occupation
- ☐ No Longer in Business

Please make checks payable to City of Oceanside
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

BUSINESS INFORMATION**License No.**

MAILING ADDRESS:

BUSINESS LOCATION:

Business Name: _____

Business Address: _____

NUMBER STREET SUITE NO.

In care of: _____

CITY STATE ZIP

Mail Address: _____

Bus. Phone: _____

NUMBER STREET SUITE NO.

Corp. Name: _____ Phone#: _____

CITY STATE ZIP

City Start Date _____ State ID _____

Health Permit _____ ☐ Sole Prop

Hrs. of Operation _____ Fed ID _____

ABC License # _____ ☐ Partnership

Of Employees _____ Seller's Permit _____

Contractor #/Class _____ ☐ Corporation☐ LLC

Property Owner/Management Co: _____

Address of Owner/Management Co: _____

Phone Number of Owner/Management Co: _____

Business activity must be described in detail: _____

OWNERSHIP INFORMATION

Owner/Pres: _____

Owner/Pres: _____

Home Address: _____

Home Address: _____

NUMBER STREET SUITE NO.

NUMBER STREET SUITE NO.

CITY STATE ZIP

CITY STATE ZIP

Home Phone: (____) _____ SSN: _____

Home Phone: (____) _____ SSN: _____

Birth Date: _____ DL# _____

Birth Date: _____ DL# _____

Issuing State _____

Issuing State _____

Fees and Charges: Administrative Fees _____**DECLARATIONS**

I certify that in the performance of any business activities for which this license is issued, I shall not employ a person in any manner so to become subject to the Worker's Compensation laws of California. If I should become subject to the Worker's Compensation laws I shall forthwith comply with the provision of section 3700 of the labor code. I further declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

TITLE

SIGNATURE

DATE



URBAN RUNOFF INFORMATION

City of Oceanside
Water Utilities Department

The City of Oceanside is required, under new state regulations, to identify the potential effect that each business may have on water quality. All businesses are also required to comply with the City of Oceanside's Urban Runoff Management and Discharge Control Regulations (City Code Chapter 40), which prohibit the discharge of pollutants and non-storm water to City streets and storm drains. Water that flows on streets and into storm drains discharged to the nearest water body, without treatment. Typical urban runoff pollutants include oils, chemicals, building materials, dirt, vegetative waste, and trash. All businesses must complete and submit this form with their business license application, as well as implement the appropriate Best Management Practices to prevent such discharges. This form must be completed to receive your business license. Contact the Water Utilities Department at 760-435-5800 or log on to our website at www.oceansidecleanwaterprogram.org for further information.

Reason for Submittal

☐ New Business

☐ Change of Information

Site and General Information

Date: _____ Standard Industrial Classification (SIC) Code: _____

Business Name: _____ Phone: _____

Business Address: _____

Contact Person: _____ Title: _____

Size of Facility (sq. ft.): _____ Type of Business: _____

Materials used in Industrial Process (Industrial Businesses Only): _____

Potential Urban runoff pollutants generated: _____

Expected non-rain water discharges (i.e. air conditioners condensation, excess irrigation, filter backwash, etc.): _____

Is this facility regulated under the Industrial NPDES permit (circle one)? Yes No Not Sure

Brief Description of Business Activity

What type of activities is your business conducting? Check any that apply...

☐ Manufacturing

☐ Distribution

☐ Office Work

☐ Showroom

☐ Retail

Declaration

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Signature _____ Title _____ Date _____

For City Use Only

Business Lic#: _____ S.I.C.: _____ Business Type: _____ Industrial Type: _____

☐ Recorded By: _____



Oceanside Fire Department

300 N. Coast Highway
Oceanside, CA 92054
760-435-4101

Business License Guide

A successful fire inspection is required in order to approve and finalize your Business License. The fee for this inspection is \$152.00. You will pay this fee along with your Business License fees.

We will need to view your place of business when you have everything in place and you are ready to begin business in your facility (all tenant improvements completed, office equipment and furniture installed, stock placed on shelving/racks, etc.)

Please call for your Fire Inspection when your facility is completely ready to serve customers. Contact us at 760-435-4101.
We can typically schedule your inspection within 24-48 hours from the time you call.

We are providing the following basic guidelines to assist you in the preparation of your place of business. There may be additional requirements based on the type of business and materials being stored or sold.

1. ACCESS

- ☐ Fire lanes are unobstructed and clearly marked.
- ☐ Address numbers of the building are in a contrasting color and clearly visible from the street. Commercial buildings require numbers 6 inches in height and industrial buildings require numbers 12 inches.

2. EXITING

- ☐ Exit pathways, exit doors and stairways are clear and unobstructed.
- ☐ Exit door(s) open easily without special knowledge of locks or bolts.

3. GENERAL FIRE SAFETY

- ☐ Storage is kept at least 18 inches below sprinkler heads or 24 inches below ceiling.
- ☐ Combustible materials are kept at least 3 feet away from heat producing equipment.
- ☐ Trash dumpster is at least 5 feet away from any building overhang or opening.
- ☐ Flammable or combustible liquids are kept in original containers; U.L. approved safety cans or approved storage cabinets.

4. FIRE EXTINGUISHERS

- ☐ A portable extinguisher with a minimum rating of at least 2A:10BC must be available within 75 feet of travel from all portions of the interior of the building.
- ☐ The date punched on the service card of extinguishers from a reputable Fire Extinguisher Company within 12 months.

5. ELECTRICAL

- ☐ Extension cords are not being used in place of permanent wiring.
- ☐ Electrical cords are in good condition and are not subject to damage by being placed under carpet, under doors, through walls or ceilings or stapled in place.
- ☐ Cover plates are on all outlets and light switches. Circuit-breaker panels are labeled and have blanks in place of missing breakers.

6. GENERAL INFORMATION

- ☐ If you are making modifications to the building (putting in a hood system, paint booth, adding a wall, etc.) contact the Building Department at 760-435-3950 and the Fire Department 760 435 4101 to see if a permit is required.
- ☐ If you have an outside storage area, contact Code Enforcement at 760-435-3944.
- ☐ If you are handling, storing or disposing of hazardous materials such as waste oil, antifreeze, etc., you must submit a MSDS sheet to Fire Prevention and provide quantities for each chemical prior to your business license inspection.
- ☐ If your business emits a contaminant into the air, follow the Air Pollution and Control District (APCD) guidelines. 858-650-4700.
- ☐ If your building is sprinklered, the system must have a quarterly and annual inspection and a current five-year certification by a C-16 contractor. The sprinkler system must be monitored. Check with your landlord/property manager with questions.
- ☐ If you are a restaurant or food service provider, your hood suppression system must meet UL300 compliance. You can check with a licensed C-16 Hood System Contractor for verification. You must also have a "K" rated fire extinguisher within 30 feet of the kitchen.
- ☐ If you are operating a body shop, and installing a booth pull the appropriate permits with the Building Department (760-435-3950) and APCD (858-650-4700). Be prepared to conduct a test with a C-16 contractor and fire inspector to confirm that the spray booth and extinguishing system is operating properly.
- ☐ Please have a Knox box (a key box which only the fire department has access to) installed by the main entrance to your building or at each end of the multi-tenant strip mall to facilitate Fire Department access. Contact Fire Prevention at 760-435-4101 for more information.
- ☐ If you are operating a family daycare or residential care facility, please call Fire Prevention at 760-435-4101 if you have questions.

Please complete the following, a portion of which will be stored by the Oceanside Police Department for use in case of emergency. This information should be updated as often as needed by contacting OPD dispatch, 760-435-4900 (24/7).

Name of Business

Type of Business

Address

Email

In case of Emergency contact name and phone -- Please provide two contact names and phone numbers



ENVIRONMENTAL SURVEY FORM

City of Oceanside
Financial Services Department

Complete all of the following information. Please Print:

Name of Business (DBA) _____

Date _____/_____/_____

City of Oceanside Business License Number _____

If you currently have permit with the San Diego County Department of Environmental Health, Hazardous Materials Division, you do not need to complete the remainder of this form. Please indicate your "UPFP" number:

Unified Program Facility Permit (UPFP) # _____

If you do not have a permit from the San Diego County Department of Environmental Health, Hazardous Materials Division, please answer the following questions:

1. Yes ☐ No ☐ Is your business type listed on the reverse side of this form?
2. Yes ☐ No ☐ Will your business dispose of Hazardous Substances* in any amount?
3. Yes ☐ No ☐ Will your business dispose of Medical Wastes in any amount?
4. Yes ☐ No ☐ Will your business store or handle Hazardous Substances in quantities equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet of compressed gas?
5. Yes ☐ No ☐ Will your business use an existing, or install an underground storage tank?
6. Yes ☐ No ☐ Will your business use or install Hazardous Waste Tank System?
(Title 22, Article 10)
7. Yes ☐ No ☐ Will your business store petroleum in tanks or containers at our facility with storage capacity equal to or greater than 1,320 gallons?

* The definition of a hazardous substance and acutely hazardous material can be obtained by contacting the Duty Specialist for the San Diego Hazardous Materials Division. If you have any questions regarding hazardous materials, permits, etc., you may contact the Duty Specialist at 619-338-2231.

If you answered "Yes" to any of the questions above, you will need a permit from the Hazardous Materials Division.

Please return this form along with your Business License Application.



ENVIRONMENTAL SURVEY FORM

City of Oceanside
Financial Services Department

List of Businesses Which Require Review and Approval From the County Hazardous Materials Division

AEROSPACE

Aerospace Industry
Aircraft Maintenance
Aircraft Manufacturing

AUTOMOTIVE

Battery Manufacturing/Recycling
Boat Yard
Car Wash
Dealership Maintenance/Paint
Machine Shop
Painting
Radiator Shop
Rental Yard Equipment
Repair Preventive Maintenance
Repair, Major Overhaul
Transportation Services
Wrecking and Recycling

CHEMICAL HANDLING

Agricultural Supplier/Distributor
Chemical Manufacturer
Chemical Supplier/Distributor
Coating/Adhesives
Compresses Gas Supplier/Distributor
Dry Cleaning
Fiberglass/Resin Application
Gas Station
Industrial Laundry
Laboratory
Laboratory Supplier/Distributor
Oil and Fuel Bulk Supply
Pesticide Operator/Distributor
Photographic Processing
Pool Supplies/Maintenance
Printing/Blue Printing
Road Coatings
Swimming Pool
Toxic Gas Handlers
Toxic Gas Manufacturing

ELECTRONICS

Electronic Assembly and Sub-Assembly
Electronic Components Manufacturing
Printed Circuit Board Manufacturing

METAL WORKING

Anodizing
Chemical Milling/Etching
Finish Coating/Painting
Flame Spraying
Foundry
Lathes, Mills
Machine Shop-Drilling/Lathes/Mills
Metal Plating
Metal Prepping/Chemical Coating
Precious Metal Recovery
Sand Blasting/Grinding
Steel Fabricator
Wrought Iron Manufacturing

OTHERS AND MISCELLANEOUS

Asphalt Plant
Acupuncture Office
Biotechnology/Research
Chiropractic Office
Co-Generation Plant
Dental Clinic/Office
Dialysis Centers
Emergency Generator Tank System
Frozen Food Processing Facility
Government Agency using Hazardous Materials
Hazardous Waste Hauler
Hospital/Convalescent Home
Laboratory/Biological Lab
Medical Clinic/Office
Nitrous Oxide (NOx) Control System
Pharmaceuticals
Public Utility
Refrigeration System
Rock Quarry
Ship Repair/Construction
Telecommunication Cell Site
Veterinary Clinic/Hospital
Wood Furniture Manufacturing/Refinishing

The above list includes businesses which typically use, store, handle and dispose of hazardous substances. Any business not included on this list which stores, handles, uses, or disposes of hazardous substances may still require a permit from the Hazardous Materials Division. If you have any questions, contact the Duty Specialist at (619) 338-2231.



GREASE TRAP INTERCEPTOR APPLICATION

Pollution Prevention and Pretreatment Program

City of Oceanside
Financial Services Department

All questions must be answered.

Section A

1. Enter the facility's official or legal name. Do not use a DBA, Doing Business As.
2. Provide the physical location of the facility that is applying for a discharge permit. Include the telephone number of the establishment and the web site if available.
3. Provide the mailing address where correspondence from the City may be sent if different from #2 above. Location must be able to accept certified mail.
4. Provide the name, address and telephone number of the property owner.
5. Provide all the names of the authorized signatories for this facility for the purposes of signing applications, reports etc. The designated signatory is defined as:
 - a. Responsible corporate officer, if the food service facility submitting the application or report is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
 - (i) a president, secretary, treasurer, or vice-president of the corporation, in charge of a principal business function or any other person who performs similar policy or decision-making functions for the corporation, or
 - (ii) the manager of one or more manufacturing, production, or operation facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - b. A general partner or proprietor if the facility submitting the application or report is a partnership or sole proprietorship respectively.
 - c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the food service facility submitting the application or report is a Federal, State, or local governmental entity, or their agents.
 - d. A duly authorized representative of the individual designated in *paragraph a, b, or c*, or this section if:
 - (i) the authorization is made in writing by the individual described in *paragraph a, b, or c*;
 - (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility, such as the position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to the City,



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- e. If an authorization under *paragraph d* of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of *paragraph d* of this section must be submitted to the City prior to or together with any application or report to be signed by an authorized representative.
6. Designated Facility Contact: Provide the name and number of a person who is thoroughly familiar with the operation of the facility and who can be contacted by the Control Authority (*i.e. the manager*). This person will receive correspondence from the Industrial Waste Inspector or designee including the permit.

Section B

1. Choose a description that best describes the food service facility.
2. How many (*fill in a number*) items of equipment do you have in the food preparation, cooking, and clean up area? If none, denote with a zero.
3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. A blueprint of the facility showing the items above may also be attached. If a plumbing floor diagram or blueprint is not available, an evacuation route map may be substituted but must include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.
4. Indicate what the seating capacity is at your facility.
5. Indicate the days and hours of operation at your facility.

Section C

1. Check which wastewater discharge describes your food service facility, sanitary sewer or proposed (new) sanitary sewer.
2. Indicate whether there are any changes or expansions planned at the facility in the next three years which would alter the wastewater volume or characteristics.
3. Provide a brief description of the changes and their effects on the wastewater volume and characteristics.

Section D

1. **Grease Interceptor** - **a device located underground and outside a food service facility** designed to collect, contain or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.



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Grease Trap - a **device located in a food service facility or under a sink** designed to collect, contain or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.

2. Provide the make and model of the current grease removal device. If the make and model is not known, then put unknown in the space provided. You must include the location and the capacity of the device. If the exact capacity is not known, then provide your best guess as to the size of the grease removal device in gallons.
3. Indicate how you dispose of the waste generated from cleaning the indoor grease trap.
4. Provide the name, address and telephone number of the company that cleans your grease removal device(s).
5. Indicate which type of exhaust cleaning system that you use.
6. Indicate whether any additives are placed in the plumbing, grease trap or grease interceptor. This includes any chemicals, enzymes, emulsifiers, live bacteria or other grease cutters or additives.
7. Indicate the name of the additive as well as the location and frequency with which it is used. You must attach an MSDS sheet of each product you are currently using.

Section E

1. Indicate whether the food service facility currently recycles the grease produced.
2. Provide the name of the contracted company that removes and recycles the grease.
3. Indicate whether grease recycling containers are stored on-site.
4. Indicate on average how many grease recycling containers are stored on-site.
5. Indicate if any pollution prevention measures, such as drain screens, collection, storage and disposal of food and oil waste, have been implemented at the food service facility.
6. Provide a brief explanation of the pollution prevention measures that have been implemented. **COMMERCIAL KITCHEN FACILITY WASTEWATER DISCHARGE PERMIT APPLICATION FORM**

Note: Please read all attached instructions prior to completing this application.

Return this form with your completed Business License application to:

City of Oceanside
Business License Office

For questions regarding this Commercial Kitchen Facility Wastewater Discharge Permit Application Form please call: (760)435-5931



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SECTION A - GENERAL INFORMATION

1. **Facility Name:** _____
2. **Facility Street Address:** _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Web Site: _____
City of Oceanside Business License Number: _____
3. **Business Mailing Address: Do Not Use PO BOX**
-if different from #2 above
Street: _____
City: _____ State: _____ Zip Code: _____
4. **Owner of Premises**
-if different than facility
Name: _____
Owner's Address: _____
Owner's Telephone Number: _____
Owner's E-mail Address: _____
5. **Designated signatory authority for the facility**
See instructions for additional information.
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail: _____
6. **Designated facility contact**
Name: _____
Title: _____
Phone Number: _____ E-mail: _____



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SECTION B - FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility.

- | | |
|---|--|
| <input type="checkbox"/> Fast food restaurant | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Full service restaurant | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Drive thru (only) restaurant | <input type="checkbox"/> School |
| <input type="checkbox"/> Seasonal restaurant | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Coffee shop | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Company/Office building | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Religious institution | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Ice Cream shop | <input type="checkbox"/> Other _____ |

2. Please indicate each item that you currently have in your facility and the quantity of each:

- | | |
|---|---|
| <input type="checkbox"/> Grill _____ | <input type="checkbox"/> Tilt kettle/Crockpot _____ |
| <input type="checkbox"/> Oven _____ | <input type="checkbox"/> Garbage disposal _____ |
| <input type="checkbox"/> Dishwasher _____ | <input type="checkbox"/> 3 Bay pot sink _____ |
| <input type="checkbox"/> Pre-rinse sink _____ | <input type="checkbox"/> 2 Bay pot sink _____ |
| <input type="checkbox"/> Mop sink _____ | <input type="checkbox"/> Single bay sink _____ |
| <input type="checkbox"/> Deep fryer _____ | <input type="checkbox"/> Hand sinks _____ |
| <input type="checkbox"/> Floor drains _____ | <input type="checkbox"/> Other equipment _____ |

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.
See instructions for additional information.

4. What is the seating capacity at your facility? _____



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5. What are the days and hours of operation? ↓

Work Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shifts / Day							
Employees Shift 1							
Employees Shift 2							
Employees Shift 3							

SECTION C - WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.

- ☐ Existing Sewer Discharge
☐ Proposed (new) Sewer Discharge

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volumes or characteristics?

☐ Yes ☐ No

3. If yes to question #2 above, briefly describe these changes and their effects on the wastewater volume and characteristics. *Attach additional sheets if needed.*

SECTION D - TREATMENT

1. Do you have a grease interceptor or grease trap?

See instructions for definitions.

☐ Interceptor ☐ Trap ☐ Both ☐ None

2. Complete the following for all grease removal device(s):

a. Make and Model: _____

Location (kitchen, parking lot, etc.): _____

Capacity of grease removal device (gallons): _____



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b. Make and Model: _____

Location (kitchen, parking lot, etc.): _____

Capacity of grease removal device (in gallons): _____

c. Make and Model: _____

Location (kitchen, parking lot, etc.): _____

Capacity of grease removal device (in gallons): _____

3. **If the INDOOR grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?**

☐

Trash

☐

Contractor disposes of grease

☐

Recycle

☐

Other (*Explain*): _____

4. **If contractor(s) cleans the INDOOR or OUTDOOR grease removal device(s), please list the following:**

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____



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5. If your facility has grills/ovens, which type of exhaust cleaning system do you use?

☐

Automatic

☐

Manual

6. Are there any additives placed in the plumbing, grease interceptor or grease trap?
(for example, enzymes, bacteria, etc.)

☐

Yes

☐

No

7. If yes to question #6 above, please complete the following table and attach an MSDS sheet for each product.

LOCATION	ADDITIVE NAME	ADDITIVE FREQUENCY

SECTION E - RECYCLING

1. Do you recycle the grease produced at your facility?

☐

Yes

☐

No

2. If no, which company or companies recycle your grease?

3. Is there a recycling container on-site?

☐

Yes

☐

No

4. If yes to question #3, how many recycling containers are on-site? _____

5. Have pollution prevention measures, such as drain screens, collection, storage and disposal of food and oil waste, been implemented?

☐

Yes

☐

No



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6. **If yes, explain briefly the pollution prevention measures that have been implemented.** *Attach additional sheets if necessary.*

Authorized Representative Statement:

I certify that I have received and read Chapter 29, Article IX Sections 29.115-29.128 et seq. of the Oceanside City Code and understand that all food service facilities must have a grease removal device before discharge of fats, oil and greases to the City of Oceanside sanitary sewer system.

I further 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 fines and imprisonment for knowing violations.

Name: _____

Title: _____

Facility Name: _____

Facility Address: _____

Signature _____ Date _____