CITY OF VICTORIA
Established 1824, Founded By congress, Republic of Texas, 1839
Department of Public Works
Pretreatment Division
700 Main Center, Suite 108
Victoria, Texas 77901

FOOD ESTABLISHMENT QUESTIONNAIRE

SECTION A - GENERAL INFORMATION

_____Renewal or update: if this is a renewal or update and **NO** changes have occurred since the last submittal, you may indicate as such and **complete page 1&2 only**.

_____New

Facility Name, Mailing Address, and Telephone Number: **Include Fax & Email if available**.

Address of Facility if Different From Above:

NAME, TITLE, AND TELEPHONE NUMBER OF PERSON AUTHORIZED TO REPRESENT THIS FACILITY IN OFFICIAL/LEGAL DEALINGS WITH LOCAL, STATE, AND FEDERAL AUTHORITIES: **Signature required on next page shall be the same as indicated here.**

Alternate Person (include Title) to contact concerning this facility:

NAME:
PHONE:

DATE THIS BUSINESS WAS OPENED *AT THIS LOCATION*_____

Identify The Owner of Building if Other Than Occupant:

NAME:
PHONE:

*****NOTE TO SIGNING OFFICIAL***** In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire/application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire/application will be used to issue such.

This is to be signed by an authorized official of your facility after completion of this form and review of the information by the signing official. (owner, director, manager)

The following statement is required in 40Code of Federal Regulations, Part 403.6(a)(2)(ii).

"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 fine and imprisonment for knowing violations.
Same as noted on first page

SIGNATURE OF AUTHORIZED OFFICIAL:
PRINT NAME OF SIGNING OFFICIAL:
DATE:

Name of **Local** Facility Manager if Different From Authorized Official:

Name of **Assistant** Manager to Contact Concerning This Facility:

B. DESCRIPTION OF FACILITY:

Please provide a printed menu and **in the event a printed menu is not provided, please <u>describe</u> the food preparation and/or serving that occurs.**

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| |

Applicable to all establishments that provide a printed, posted or publicized menu.

Check all that apply & indicate number of each:

3 compartment sink	2 compartment sink	Food Waste Grinder	Commercial Dishwasher	Mop Sinks	Floor drains	Yogurt, ice cream or smoothie machine	Microwave	Wok stove

4 Burner stove	Commercial stove/oven	Commercial hood vent	Deep fryer	Grill	Steam cooker	Steam table	Tilting Skillet and/or Kettle	Countertop fryer	Residential size Dishwasher

Hours of Operation: _____Days of Operation:_____

Is the food served on disposable dishware only? _____

Are only prepackaged/heat only foods prepared? _____

C. GREASE TRAP INFORMATION:

A 3 year manifest file for grease trap disposal is required OR the amount of time this establishment has been in operation if less than 3 years.

D. SAMPLE INFORMATION:

A 3 year sample result file is required OR the amount of time this establishment has been in operation if less than 3 years.

THE FOLLOWING DOCUMENT SHOULD BE ATTACHED TO THIS QUESTIONNAIRE/APPLICATION.

_____CURRENT COPY OF MENU