



DENVILLE DIVISION OF HEALTH

1 St. Mary's Place

Denville, NJ 07834

(973) 625-8300, Ext. 261

GREASE TRAP REGISTRATION APPLICATION

A separate application must be submitted for each grease trap/interceptor at your establishment. Failure to fill out the form in its entirety may extend the registration process and delay issuance of the Registration Certificate.

Establishment Name: _____

Street Address: _____

Owner: _____ **Phone:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____

PLEASE CHECK ONE:

- First time application
- Renewal

Please complete the following for EACH installed grease trap (first time applicants only):

Manufacturer: _____ **Size:** _____

Type:

- Indoor
- Outdoor

Specific Location: _____

Which choice below best describes how often this grease trap is cleaned:

- Weekly
- Monthly
- Quarterly
- Other: _____
- Never (please explain): _____

When your indoor grease trap is cleaned, how do you dispose of the waste?

- Trash
- Mix with grease stored on the premises (i.e. fryolater grease)
- Contractor/Licensed Renderer

If a company maintains your grease trap/interceptor, please provide the following information:

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Do you use additives such as bacteria or enzymes in your grease traps, floor drains, sewer lines etc. to help clean them?

- Yes
- No

Please check each of the items below that are present in your food establishment:

- Fryolators Number: _____
- Grills Number: _____
- Ovens Number: _____
- Tilt Kettles Number: _____
- Garbage Disposals Number: _____
- Three Bay Sink Number: _____
- Two Bay Sink Number: _____
- Dishwasher Number: _____
- Mop Sink Number: _____

Do you share a common grease interceptor with other facilities?

- Yes
- No

If yes, who owns the facility or is responsible for the maintenance?

Name: _____ Phone: _____

I certify to the best of my knowledge that the information provided is accurate and complete.

Owner or Authorized Representative

Date

Please submit a copy of the most recent invoice for clean-out or a copy of your clean-out log (sample attached) for all traps/interceptors with this application. Checks or money orders can be made payable to:

Denville Division of Health
1 St. Mary's Place
Denville, NJ 07834

Fee: \$50 per trap/interceptor

FOR OFFICE USE ONLY

Approved:

- Yes
- No

HO/REHS initials: _____

Certificate issued by: _____ Date of Issue: _____

Date entered into database: _____