

Application for Permit to Discharge to Sewer (Food)

Information Privacy Act 2009. Burdekin Shire Council is collecting the personal information you provide on this form in accordance with the Water Supply (Safety and Reliability) Act 2008 for the purpose of processing your application. Your information will not be disclosed to a third party without your consent unless required or authorised by law.

Please Note:

An Annual Trade Waste Permit Fee may be applicable dependent on the business and the type of trade waste discharge to the sewer. If applicable, an annual invoice will be issued to and be payable by the Property Owner each financial year.

Name And Address of Property Owner

(MUST be signed by property owner)

| Name: | | |
|------------|--------|-----------|
| Address: | | |
| | | Postcode: |
| Phone: | Fax: | |
| Mobile: | Email: | |
| Contact: | | |
| Signature: | | Date: |

Name and Address of Trade Waste Generator

| (Owner of the business Trading / Business Name: Business Premise Address: | who is generating trade waste to the sewer) | |
|---|---|-----------|
| | | Postcode: |
| Postal Address: | | |
| (If same as above, please indicate) | | Postcode: |
| Phone: | Fax: | |
| Mobile: | Email: | |
| Contact: | | |
| Signature: | | Date: |
| - | | |

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Details of Trade Waste Discharge

(Please tick the appropriate boxes)

| Nat | ure of business/trade | conducted o | n business premise: | |
|-----|-------------------------|---------------|-------------------------|------------------|
| | Bakery | | Food Manufacturing | |
| | Bar | | Green Grocer | |
| | Butcher | | Restaurant | |
| | Café | | Supermarket | |
| | Coffee Shop | | Takeaway | |
| | Delicatessen | | Other – please specify: | |
| | | | | |
| Pro | cesses and activities | conducted du | uring regular operat | ion of business: |
| | Beverage Preparation | | Food Preparation | |
| | Cold | | Cold | |
| | Hot | | Hot | |
| | Other – please specify: | | | |
| | Cleaning Units | | | |
| | Automatic Dishwasher | | | |
| | Food Disposal Unit | Motor Type: | | Size: |
| | | | | |
| Pro | posed / Present meth | od of Pre-Tre | atment Arrestor: | |
| | Grease Arrestor | Brand: | | Size: |
| | Other – please specify: | Brand: | | Size: |

Location of proposed / present Pre-Treatment Arrestor:

(Please note: the location of the Pre-Treatment Arrestor must allow unobstructed access by Burdekin Shire Council)

| Location | of | arrestor |
|----------|----|----------|
|----------|----|----------|

| Inside Buil | ding |
|-------------|------|
|-------------|------|

Outside Building

Specific location:



Maintenance of Grease Arrestor

(All Pre-Treatment Arrestors must be regularly cleaned, maintained and the residual waste removed by a licensed contractor)

Licensed Contractor employed for servicing and removal of residual waste in Pre-Treatment Arrestor:

| Contractor Name: | | | |
|----------------------------|--------|-----------|--|
| Postal Address: | | | |
| | | Postcode: | |
| Current Removal Frequency: | Weeks: | Months: | |

Hours of Business Operations

| | Open | Close |
|------------|------|-------|
| Monday: | | |
| Tuesday: | | |
| Wednesday: | | |
| Thursday: | | |
| Friday: | | |
| Saturday: | | |
| Sunday: | | |

Other Information

Area of Irrigated Gardens: _______(If property is irrigated using automatic sprinklers only)

Number of Toilet Pedestals installed on Premise:



Declaration

(Signatures are required by all parties – Property Owner and Trade Waste Generator)

Property Owner:

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Name (please print):

Signature:

_____ Date: _____

Trade Waste Generator (Business Owner):

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Name (please print):

Signature:

Please return the completed application and application fee of <u>\$78.00</u> to:

| Trade Waste Officer | | |
|------------------------|--|--|
| Burdekin Shire Council | | |
| PO Box 974 | | |
| AYR QLD 4807 | | |

PAYMENT OPTIONS

_____ Date: _____

| In Person: | 145 Young Street, Ayr Monday to Friday (8:00am to 5:00pm) |
|------------|---|
| le∎ Mail: | PO Box 974 Ayr Qld 4807 |
| Phone: | 4783 9800 |

| Office Use Only | | | |
|---------------------------|--------------|--|--|
| Application Processed | | | |
| Officer: | Date: | | |
| Trade Waste Permit No: | Property No: | | |
| Application Fee Receipted | | | |
| Officer: | Date: | | |
| Receipt No: | | | |