



**City of Muscatine**  
**Restaurant/Food Service Establishments**



**TO:** City of Muscatine Food Service Establishments

**SUBJECT:** Grease Discharge Permit Renewal

***All establishments issued a State of Iowa Food Service Establishment License are required to comply with the information contained in this letter.***

The City of Muscatine, in compliance with Iowa NPDES Permit #7048001 and the federal General Pretreatment Regulations, adopted Title 13, Chapter 6, Section 16 to the City Code of Muscatine for Fats, Oils and Grease Control. The regulations require Food Service Establishments to operate and maintain fats, oils, and grease control equipment and to hold a **Grease Discharge Permit** (GDP) for the discharge of wastewater to the Publicly Owned Treatment Works. This reflects the City's efforts to prevent sanitary sewer overflows that may result from sewer blockages caused by the discharge of wastewater bearing fats, oils, and grease.

City ordinance requires all current GDP's to be renewed annually. **All GDP's will expire on May 1<sup>st</sup> annually and all applications and permit fees will be due on or before March 1<sup>st</sup>.** Late applications will be assessed a **\$300 late fee to your sewer bill each month past due.** City Code 13-6-16.4 (A) & (D-4) ; 13-6-11.2(A) & 13-6-10.6.

A copy of the Annual GDP Application has been attached to this letter. This application should be filled out in its entirety and returned to the City Finance Department with the required fee.

Incomplete applications will not be processed and could result in additional fees. A digital form may be found at [muscatineiowa.gov/230/Fats-Oils-Grease-FOG](http://muscatineiowa.gov/230/Fats-Oils-Grease-FOG). Questions relating to the application should be directed to [pretreatment@muscatineiowa.gov](mailto:pretreatment@muscatineiowa.gov) or the Pretreatment Department at 563-263-2752.

See the chart below for GDP fee schedules (based on annual gross sales). Fees for the GDP are payable to the City of Muscatine, Finance Department, 215 Sycamore Street, Muscatine, IA 52761. Payment may be made with cash, check or credit card. For payment questions please call the Finance Department at 563-264-1550.

Annual Gross Sales	Grease Discharge Permit Fee
Less than \$50,000.00	\$50.00
\$50,000.00 to less than \$100,000.00	\$85.00
\$100,000.00 to less than \$250,000.00	\$175.00
\$125,000.00 to less than \$500,000.00	\$200.00
\$500,000 or more	\$225.00

**\$300 Late penalty fee every month starting March 1st**

**\$** \_\_\_\_\_



## City of Muscatine Restaurant/Food Service (RS/FE)



muscatineiowa.gov

Required for the Fats, Oils and Grease (FOG) Control Program as established by City Code

Please check the appropriate boxes, fill in all fields, sign and date. Submit to City of Muscatine Finance Dept. 215 Sycamore St. Muscatine, IA 52761 along with your required payment. **Incomplete forms will not be processed. Due March 1<sup>st</sup> \$300 late fee assessed to your sewer bill after March 1<sup>st</sup>.** Applications may be completed, signed and submitted digitally. Email completed forms and/or questions to [pretreatment@muscatineiowa.gov](mailto:pretreatment@muscatineiowa.gov). Permits will not be mailed until payment is received by the Finance Dept. For payment or other questions call Finance at 563-264-1550. Visit [muscatineiowa.gov/230/Fats-Oils-Grease-FOG](http://muscatineiowa.gov/230/Fats-Oils-Grease-FOG) for digital applications.

☐ New Business/New Application/Bus. Alterations ☐ Permit Renewal Only ☐ Permit Exempt Request ☐ Permit Exempt Renewal  
(Permit Exempt Requests will be mailed or emailed a Permit Exempt Form for consideration and establishment inspection.)

Name of Business:	Name of Owner:
Facility Address:	Mailing Address:
Facility Phone:	Owner/Contact Phone:
Facility Email:	Owner/Contact Email:

**Facility:** (✓ all that apply) ☐ Full Service Restaurant ☐ Fast Food Restaurant ☐ Carry Out/Drive Thru  
☐ Buffet/Cafeteria ☐ Hospital ☐ School/College ☐ Bakery  
☐ Ice Cream/Dairy Products ☐ Religious Institution ☐ Nursing Home/Assist. Liv. ☐ Grocery Store  
☐ Club/Organization ☐ Coffee Shop ☐ Convenience Store ☐ Tavern/Bar  
☐ Catering ☐ Hotel/Motel ☐ Other: \_\_\_\_\_

**Seating Cpty:** \_\_\_\_\_ **Hrs of Oper:** Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Fixtures:** (✓ all that apply) ☐ Deep Fryers # \_\_\_\_\_ ☐ Grills # \_\_\_\_\_ ☐ Ovens # \_\_\_\_\_ ☐ Rotisserie # \_\_\_\_\_  
☐ Hot Dog Roller # \_\_\_\_\_ ☐ Range/Stove: Burner# \_\_\_\_\_ ☐ Wok Ranges # \_\_\_\_\_ ☐ Tilt Kettles # \_\_\_\_\_  
☐ 3-compartment sinks # \_\_\_\_\_ ☐ 2-compartment sinks # \_\_\_\_\_ ☐ 1-compartment sinks # \_\_\_\_\_ ☐ Hand sinks # \_\_\_\_\_  
☐ Garbage grinders # \_\_\_\_\_ ☐ Dishwashers # \_\_\_\_\_ ☐ Pre-wash sinks # \_\_\_\_\_ ☐ Mop sinks # \_\_\_\_\_  
☐ Automatic Hood Cleaning ☐ Kitchen Floor Drains # \_\_\_\_\_ ☐ Other \_\_\_\_\_

Types of Grease Abatement (✓ all that apply)	Quantity	Serviced By:
<input type="checkbox"/> Outside Volume Based Interceptor _____	_____	Name of Pumper/Hauler: _____
<input type="checkbox"/> Passive (Manual)/Inside Grease Trap _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____
<input type="checkbox"/> Mechanical Removal Device _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____
<input type="checkbox"/> Unknown/Other/None _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____

Outside Interceptor cleaned: ☐ Bi-Weekly ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Other \_\_\_\_\_  
Inside Trap cleaned: ☐ Bi-Weekly ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Other \_\_\_\_\_

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of the City of Muscatine Sewer Use Ordinance. Moreover, based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Amount Paid(Fee + Late Penalty) \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt