



REQUIREMENTS FOR BUSINESS LOCATION CHANGE

- » Completed Location Change Form
 1. Completed “Industrial Wastewater Pretreatment Questionnaire” (if applicable to your business).
 2. Completed “Food Service Establishment Questionnaire” (if applicable to your business). If you have questions on items two or three, you may contact Nate Parr our Industrial pretreatment Coordinator at 801-852-6793.
 3. Copy of “Emergency After Hours Contact” form from PCPD (Provo City Police Department).
- » Copy of your Health Department certificate for new location (if applicable to your business).
- » Copy of Government issued ID.
- » Non-refundable \$25 fee.

PO BOX 1849
351 W Center St
Provo, UT 84601
Phone 801 852 6000



Office use only

License number _____
Date _____
Payment _____
CSR initials _____

**BUSINESS LICENSE
BUSINESS LOCATION CHANGE**

PREVIOUS ADDRESS

Business Name _____
Business Address _____
City _____ State _____ Zip Code _____

NEW ADDRESS

New Business Address _____
City _____ State _____ Zip Code _____
New Mailing Address _____
City _____ State _____ Zip Code _____
Sales Tax number _____ Phone _____ Email _____

Type of Business:

Commercial Location Home Occupation-Walk-in traffic? Yes No

Property Owner Name (owner of property where business is located) _____
Property Owner Address _____
City _____ State _____ Zip Code _____

Detailed Description of Business

I, _____, owner of the above named business, request a change of the above
business location effective _____, 20_____.

Business Owner Signature _____ Date _____
Print _____ Date _____

Office Use Only

Fee is non-refundable

Location Change \$ _____

Location change fee \$25

It takes a minimum of two weeks for the business license to be issued. The license is issued when all inspections are complete, compliance with Zoning, Building, Fire, Health or other Divisions have been met, the application was properly completed and the business does not require a conditional use permit.

Police/Fire/Medical Emergency After Hours Contact Info For Your Business Or Home

Please fill out any that apply

Business or Property Name:

Full Address:

Daytime Office Number:

Owner's Name(s) & Phone Numbers:

Maintenance After Hours #:

Security/Alarm Co. Name & #:

Responsible Party or Manager Able To Respond Quickly After Hours In Case Of Emergency:

Name(s):

Phone Number(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If there is any specific information you would like emergency responders to know about your property or business please feel free to use the back of this page to advise us. Examples would be dangerous materials kept on site, emergency lockbox info, etc...



AMANDA ESEK
PROVO POLICE
SENIOR DISPATCHER
TEL 801 852 6210
FAX 801 852 6278



INDUSTRIAL PRETREATMENT PROGRAM FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

Company Name _____
Address _____ Apt/Suite No. _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax _____
Contact Person _____

Please describe your food preparation and clean up activities (check all that apply):

1. Baking Grilling Frying Vegetable prep Other (please describe):

2. Approximately how many customers do you serve per average day? _____
(this information is kept confidential)

3. Kitchen fixtures used in your establishment: (please indicate amount of each item)

3-compartment sink Bar sink Hand sink Mop sink
 Dishwasher Garbage disposal Floor drains

4. How are the following food by-products disposed of? (check all that apply)

	Sewer	Trash	Recycle
A. Solid Wastes:	_____	_____	_____
B. Oil & Grease:	_____	_____	_____
C. Liquid Wastes:	_____	_____	_____

5. Do you have a grease interceptor or trap? YES NO

**A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, similar device that is located under the sink. These are both different from your grease recycling bin.

If “**NO**,” please sign, date, and return the questionnaire.

If “**YES**,” please complete the questionnaire, sign, date, and return it.

6. What size (gallons) is the interceptor? _____

7. Is the interceptor functioning properly? YES NO

If "NO," please explain:

8. How often is the interceptor serviced? _____

9. When was the interceptor last serviced? _____

10. What is the average volume of waste which is removed from the interceptor when it is serviced? _____

11. What is the name and address of the business that services the interceptor?

12. Are service receipts available? YES NO

13. Which of the following kitchen fixtures are connected to your grease interceptor?
(please indicate amount of those that apply)

- | | | | |
|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Bar sink | <input type="checkbox"/> Hand sink | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Floor drains | |

Additional comments:

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

(Name and title of signing official)

(Date)



INDUSTRIAL WASTEWATER PRETREATMENT QUESTIONNAIRE

Business Name _____ phone _____

Business Address _____

Mailing Address _____

SIGNING OFFICER'S INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____ Standard Industrial Classification Code (SIC#): _____

Briefly describe manufacturing or service activities _____

List types of chemicals used (include all cleaning solvents, soaps, etc.) _____

Type of discharge: Batch Continuous If Batch, average in 24 hours _____

Are there scheduled shut downs? Yes No If Yes, when _____

Raw Water Sources: Private Wells _____ Gpd(gallons per day)

Provo Culinary _____ Gpd

Other (specify) _____ Gpd

RESPONSIBLE PARTY'S CONTACT INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____

NOTE: Material Safety Data Sheets (MSDS) shall be filed with the City before business operations begin.

List principal raw materials used _____

List the principal products or services of the business _____

Is production seasonal? Yes No If Yes, explain _____

Describe water treatment processes in use or proposed _____

Water Consumption in facility in Gpd. Cooling _____ Boiler Feed _____ Process _____
Sanitary _____ In Product _____ Other _____

Average Volume in Gpd of Discharge of water loss to _____ City Sewer _____ Evaporation _____

Natural Outlet _____ Waste Haulers _____ In Product _____ Other _____

Is Discharge to Provo City Sewer System: Yes No

If Yes is discharge: Intermittent Steady

Is there a spill prevention counter-measure plan in effect for this facility? Yes No

If Yes, please attach a copy.

I am familiar with the information contained in this questionnaire and swear that the information is true, complete and accurate. If any of the answers to questions contained in this questionnaire change, the business will notify the City of Provo of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Industrial Pretreatment

1685 S East Bay Blvd.

Phone: 801 852 6793

Signature of Authorized Representative _____ Date _____