



## Application for Registration Food Service Establishments (FSE)

**Forms for Food Service Establishments must be completed and submitted to the Industrial Pretreatment office at [ipt@epwater.org](mailto:ipt@epwater.org).**

Please read and complete the entire form. Failure to supply all information requested will delay processing. If there are any questions, please contact the Industrial Pretreatment Department by calling (915)594-5729 or visit [www.epwater.org](http://www.epwater.org). Please keep a copy for your records and mail the original, completed form to the address below. **New establishments must contact the City of El Paso One Stop Shop (City 4), 811 Texas Ave, El Paso, TX 79901, (915)212-1597, for grease interceptor sizing criteria and plumbing information.**

Mail the completed form to: Pretreatment Manager  
El Paso Water  
4100-L Delta Drive  
El Paso, TX 79905

### **SECTION A - GENERAL INFORMATION:**

1. Business Name: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_  
Business Street Address: \_\_\_\_\_  
Business City/ State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
2. Mailing Street Address: \_\_\_\_\_  
Mailing City/State/Zip Code: \_\_\_\_\_
3. Owner's Name: \_\_\_\_\_

### **SECTION B - BUSINESS ACTIVITY:**

1. Please indicate regular business days and hours:  
☐ Mon –Sun \_\_\_\_\_  
☐ Mon – Sat \_\_\_\_\_  
☐ Mon – Fri \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_
2. Maximum seating capacity \_\_\_\_\_
3. Do you have one or more of the following?  
☐ Food grinder/garbage disposal  
☐ Deep Fryer  
☐ Three compartment sink  
☐ Dishwasher  
☐ None of the above (prepackaged food only)  
☐ Grease trap (under sink)  
☐ Grease interceptor (located outside of facility)  
☐ Food truck(s) Number \_\_\_\_\_
4. Number of food trucks (not your own) permitted to use your kitchen: \_\_\_\_\_

### **SECTION C – AUTHORIZED REPRESENTATIVE STATEMENT:**

*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 a fine.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

#### **Office Use Only**

Registration Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_