



Sewer Acct. #: _____
Fees: _____ Receipt No: _____
Date: _____ Initials: _____
Business License #: _____

**CITY OF BEAUMONT
FOOD SERVICE USER SURVEY**

This form must be completely, signed and dated, and submitted to the City of Beaumont, within 14 days of receipt. If you have questions on completion of the form, please call the Public Works Department at (951) 769-8520. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

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1. Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Contact Person: _____ Title: _____ Phone: _____

Authorized Rep. _____ Title: _____ Phone: _____

Plan Check # _____

4. Water Purveyor (Circle One): BCVWD, Other: _____

Water Account Number(s) _____

5. Describe Facility Operators: _____

Is wastewater discharged to the City of Beaumont's Sewer System? (Circle One) YES OR NO

If yes, indicate the estimated daily volume discharged: _____ Gallons/Day

If yes, describe sources of wastewater (attach addition sheets as needed)

6. Operating Hours: _____ Seating Capacity: _____ Meals at Peak Hour¹: _____ Single Service²: _____

EQUIPMENT INVETORY	CIRCLE YES OR NO		QUANTITY
Dishwasher	Yes	No	_____
Garbage Grinder(s)	Yes	No	_____
3-Compartment Sink(s)	Yes	No	_____
2-Compartment Sink(s)	Yes	No	_____
1-Compartment Sink(s)	Yes	No	_____
Hand Sink(s)	Yes	No	_____
Mop Sink(s)	Yes	No	_____
Floor Sink(s)	Yes	No	_____
Floor Drain(s)	Yes	No	_____

7. Is an interceptor on site or proposed? (Circle One): YES or NO
 If Yes Size: _____ gallons
 Interceptor Location: _____
 Is a water softener on site or proposed? (Circle One): YES or NO
 If Yes, (circle one): Exchange Canister or Self-Regenerating Brine Unit

“I certify under penalty of law that this document an all the attachment are prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel property 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 fine and imprisonment for know violations.”

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISION OF CITY OF BEAUMONT’S MUNICIPLE CODE TITLE 13 CHAPTER 8.

Name: _____ Signature: _____
 Title: _____ Date: _____

Mail Survey To:
 Attn: Pretreatment Program
 City of Beaumont Public Works Department
 550 E 6th Street
 Beaumont, Ca. 92223
 Phone: (951) 769-8520 option 5
 Fax: (951)769-8526

¹ Maximum number of Meals served during any one hour
² Single Service refers to meals served on paper plates and utensils (forks, knives, spoons, etc.) are disposable.