CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF SANITATION

MAIL APPLICATION TO:

INDUSTRIAL WASTE MANAGEMENT DIVISION
2714 MEDIA CENTER DR.
LOS ANGELES, CA 90065

Fats, Oil, and Grease Control Program

OFFICE: (323) 342-6118
FAX: (323) 342-6111

APPLICATION FOR

CONDITIONAL WAIVER TO INSTALL GREASE INTERCEPTOR

I certify under penalty of law that the terms and conditions of a Conditional Waiver from Grease Interceptor Installation Requirements have been explained to me and that I was educated on the Fats, Oil & Grease Control Program requirements and Best Management Practices (BMPs) for Food Service Establishments (FSEs).

I am aware that in accordance with Section 64.30 of the Los Angeles Municipal Code and the Rules and Regulations of the Board of Public Works, this Conditional Waiver will be revoked and that I will be required to install a grease interceptor based on the FSEs non-compliance with the following terms and conditions of the Conditional Waiver or if the FSE is confirmed to have contributed to Fats, Oil & Grease accumulation in the sewer collection system that resulted in a Sanitary Sewer Overflow.

TERMS AND CONDITIONS OF THE CONDITIONAL WAIVER

1. The FSE must dispose of all food waste directly into the trash or garbage receptacles and not into sinks;
2. The FSE must "Dry Wipe" all pots, pans, dishware and work areas prior to washing of such utensils, equipment or areas;
3. The FSE must collect waste cooking oil and store it properly in recycling barrels or drums; and,
4. The FSE must comply with any other condition deemed appropriate by the Director of the Bureau of Sanitation.

I further understand that if I fail to apply for a Conditional Waiver, or fail to return this application within **15 calendar days** of receipt, that I am obligated to immediately install a grease interceptor.

Any violation of the terms and conditions of a Conditional Waiver constitutes a misdemeanor, punishable by a fine of $1000.00 per violation per day, or imprisonment for six (6) months or both.

_____	_____	_____
Auth. Representative Signature	Title	Print Name

IU Number: _____ Date: _____

Legal Business Name: _____

Doing Business As: _____

Location Address: _____

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