



**TRADE WASTE**

**APPLICATION FOR PERMIT TO DISCHARGE TO SEWER**  
**(FOOD)**

**NAME AND ADDRESS OF PROPERTY OWNER  OR AUTHORISED AGENT**

*(Owner of the property or an agent authorised to act on the owner's behalf in all trade waste matters)*

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

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

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

**NAME AND ADDRESS OF TRADE WASTE GENERATOR**

*(Owner of the business who is generating trade waste to the sewer)*

Trading / Business

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

Business Premise

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

*(If same as above,  
please indicate)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_

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



## DETAILS OF TRADE WASTE DISCHARGE

(Please tick the appropriate boxes)

### Nature of Business / Trade conducted on business premise:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Bakery       | <input type="checkbox"/> Food Manufacturing            |
| <input type="checkbox"/> Bar          | <input type="checkbox"/> Green Grocer                  |
| <input type="checkbox"/> Butcher      | <input type="checkbox"/> Restaurant                    |
| <input type="checkbox"/> Café         | <input type="checkbox"/> Supermarket                   |
| <input type="checkbox"/> Coffee Shop  | <input type="checkbox"/> Takeaway                      |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Other – please specify: _____ |

### Processes and activities conducted during regular operation of business:

#### **Beverage Preparation**

- Cold
- Hot
- Other – please specify: \_\_\_\_\_

#### **Food Preparation**

- Cold
- Hot

#### **Cleaning Units**

- Automatic Dishwasher
- Food Disposal Unit      Motor Type: \_\_\_\_\_ Size: \_\_\_\_\_

### Proposed / Present method of Pre-Treatment Arrestor:

- Grease Arrestor      Brand: \_\_\_\_\_ Size: \_\_\_\_\_
- Other – please specify:      Brand: \_\_\_\_\_ Size: \_\_\_\_\_

### Location of proposed / present Pre-Treatment Arrestor:

(Please note: the location of the Pre-Treatment Arrestor must allow unobstructed access by Burdekin Shire Council)

#### **Location of arrestor**

- Inside Building
- Outside Building

Specific location: \_\_\_\_\_



## MAINTENANCE OF GREASE ARRESTOR

(All Pre-Treatment Arrestors must be regularly cleaned, maintained and the residual waste removed by a licensed contractor)

### Licensed Contractor employed for removal of residual waste in Pre-Treatment Arrestor:

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

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Current Removal Frequency:  Weeks - \_\_\_\_\_  Months - \_\_\_\_\_

### Licensed Contractor employed for maintenance / servicing of Pre-Treatment Arrestor:

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

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Current Service Frequency:  Weeks - \_\_\_\_\_  Months - \_\_\_\_\_

## HOURS OF BUSINESS OPERATIONS

	Open	Close
Monday:	am / pm	am / pm
Tuesday:	am / pm	am / pm
Wednesday:	am / pm	am / pm
Thursday:	am / pm	am / pm
Friday:	am / pm	am / pm
Saturday:	am / pm	am / pm
Sunday:	am / pm	am / pm

## OTHER INFORMATION

Area of Irrigated Gardens: \_\_\_\_\_  
(If property is irrigated using automatic sprinklers only)

Number of Toilet Pedestals  
installed on Premise: \_\_\_\_\_



## DECLARATION

*(Signatures are required by all parties – Property Owner / Authorised Agent and Trade Waste Generator)*

### **Property Owner / Authorised Agent:**

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Name (please print): \_\_\_\_\_

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

### **Trade Waste Generator (Business Owner):**

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Name (please print): \_\_\_\_\_

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

**PLEASE RETURN THE COMPLETED APPLICATION AND APPLICATION FEE OF \$35.90 TO:**

**Trade Waste Officer  
Burdekin Shire Council  
PO Box 974  
AYR QLD 4807**

OFFICE USE ONLY	
<b>Application Received</b>	
Officer: _____	Date: _____
<b>Application Processed</b>	
Officer: _____	Date: _____
Trade Waste Permit No: _____	Property No: _____
<b>Application Fee Received</b>	
Officer: _____	Date: _____