



City of Newport News
 Food Service Establishment (FSE)
 Grease Control Device (GCD)
 Registration Form

Page 1 of 2
 City of Newport News
 Public Works Wastewater
 511 Oyster Point Road
 Newport News, VA 23602

Date _____

Name of FSE _____

Address _____

Mailing Address _____ Zip Code _____

email _____

Phone # _____ Fax # _____

Name of Contact _____

Title of Contact _____

Corporate Name _____

Corporate Contact _____

Corporate Address _____

Corporate City _____ State _____ Zip Code _____

Corporate email _____

Corporate Phone # _____ Corporate Fax # _____

FSE Location _____ Detached Unit _____ Complex/Mall/Strip-Mall
 _____ Portable Unit _____ Other _____

FSE Type:

- _____ Supermarket/Grocery Store _____ Convenience Store _____ Full Service Restaurant
- _____ Child/Adult Day Care Center _____ Theatre/Performing Arts Center _____ Hotel
- _____ Fast Food _____ Commercial Cafeteria, Grill Buffets, Buffets _____ Caterers
- _____ Institutional (School, Prison, Hospital, etc.) _____ Snack Bars (Pools, etc.) _____ Bar & Grill
- _____ Church, Synagogues, Mosque, Temple _____ Nursing Home/Extended Care Facility
- _____ Special Membership Facilities (Veterans, Masons, etc.) _____ Parks & Recreation Facilities
- _____ Portable/Mobile FSE (ie Johnny Boys) _____ Temporary FSE (Concession Stands, Tents for Events)

Number of Fixtures:

- _____ 3 Compartment Sinks _____ Deep Fryers _____ Tilt Kettles
- _____ 2 Compartment Sinks _____ Grills _____ Garbage Disposals
- _____ 1 Compartment Sinks _____ Ovens _____ Dishwashers
- _____ Pre-Wash Sinks _____ Wok Ranges _____ Mop Sinks

Yellow/Fryer Grease Rendering Company _____

Yellow/Fryer Grease Rendering Container on Site _____ Yes _____ No

Yellow/Fryer Grease Rendering Container Emptied _____ Daily _____ Weekly _____ Other



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GCD Information

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Location # _____
Type _____ Size _____
Manufacturer _____ Model _____
GCD Service Co. _____
Cleaning Frequency _____ Daily _____ Weekly _____ Monthly
_____ Other _____

Location # _____
Type _____ Size _____
Manufacturer _____ Model _____
GCD Service Co. _____
Cleaning Frequency _____ Daily _____ Weekly _____ Monthly
_____ Other _____

Location # _____
Type _____ Size _____
Manufacturer _____ Model _____
GCD Service Co. _____
Cleaning Frequency _____ Daily _____ Weekly _____ Monthly
_____ Other _____

Location # _____
Type _____ Size _____
Manufacturer _____ Model _____
GCD Service Co. _____
Cleaning Frequency _____ Daily _____ Weekly _____ Monthly
_____ Other _____

I certify to the best of my knowledge that the above information is accurate.

Signature _____ Date _____
Name of Person Registering _____
Title _____

For questions call 933-2311 City of Newport News Public Works 7AM - 4PM Monday - Friday. Ask for the Wastewater Inspector. Form may be faxed to 269-2772 Attention: Wastewater Inspector.