

**Water Utilities Department
Nondomestic Source Notice of Intent (NOI) to Discharge**



Check any that apply:	<input type="checkbox"/> New Business	<input type="checkbox"/> New Owner of Existing Business	<input type="checkbox"/> Name Change Only
	<input type="checkbox"/> Former Owner (if applicable)		Date of Change:

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company, or "DBA", first name first)

Street No.	(N,E,S,W)	Street Name	Type(Ave,St,Lane)	Ste / Apt #
City		State	Zip Code +4	Area Code Business Telephone #
Start Date	E-mail address		Maricopa County Food Permit(s) #	

SECTION II. MAILING ADDRESS & PHONE NUMBERS

Enter Name if Different from Section I (above) or Enter "In-Care-Of" Name

Street No.	(N,E,S,W)	Street Name	Type(Ave,St,Lane)	Ste / Apt #
City		State	Zip Code +4	Area Code Business Telephone #

SECTION III. BUSINESS OWNERSHIP

Individual	LLC.	Corporation – State Inc.	Gen Partnership	Ltd. Partnership	Other
Owners, Partners, LLC Members, or Officers (For additional Names Please attach List)	1) Name:				Title:
	2) Name:				Title:
	3) Name:				Title:

SECTION IV. BUSINESS TYPE

Check One:	<input type="checkbox"/> Commercial office	<input type="checkbox"/> Commercial Retail	<input type="checkbox"/> Commercial food sales	<input type="checkbox"/> Light industrial
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> School/Government		
	<input type="checkbox"/> Other (Describe)			

SECTION V. BUSINESS PREMISE STATUS

Check One:	Do you own business location?	Yes	No	If no, provide Owner/Management info
Owner / Management Company Name				Phone
Management Company Address		City	State	Zip

SECTION VI. APPLICATION SIGNATURES AND CERTIFICATION

I certify under penalty of law that this document and all the 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 fine and imprisonment for knowing violations.

Print Name	Signature	Title	Date
For Office Use Only			
QTR Section:	Discharge MH #:	Premise code:	

Please read all instructions. Incomplete applications cannot be processed.

MAILING ADDRESS:	City of Tempe Environmental Services Division P.O. Box 5002 Tempe, AZ 85280	SITE ADDRESS:	Water Utilities Department Environmental Services Division 6600 South Price Road Tempe, AZ 85283
PHONE:	(480) 350-2678	FAX:	(480) 350-2615
WEBSITE:	www.tempe.gov/env	E-MAIL:	pretreatment@tempe.gov

INSTRUCTIONS FOR COMPLETING THE NOTICE OF INTENT

General Information

There is no fee associated with this application. If you are a new owner of an existing business, the discharge permit issued to the previous owner may be transferred as specified in §27-45 of the Tempe City Code. In order to process a permit transfer, a discharge permit application must be completed. Incomplete applications will not be processed.

Section I: Business Information

This section is to be completed with the name, address, phone number and other information of the business operating within the City of Tempe.

Business Name

List the business or company name and the "DBA" if it is applicable for your Tempe business operation. If you do not have a separate business name, list the owner of the business.

Address

Enter your Tempe business location address, including suite, or unit. Each commercial property with a connection (tap) to the Publicly Owned Treatment Works (POTW) must have a discharge permit for each connection.

Business Phone

The phone number listed in this section needs to correspond with the Tempe business location.

Start Date

Provide the date (month/day/year) of the first date sales are to begin. If you are requesting a permit transfer due to an ownership change or change to a new location, the start date (month/day/year) is the date of change.

E-mail address

Provide the E-mail address for the person who should receive general City of Tempe Water Utilities Department information updates.

Maricopa County Food Permit Number(s)

Provide the Maricopa County Food permit numbers issued to your business.

Section II. Mailing Address, Phone & Fax Numbers

This section is used for the name, address, phone, and fax numbers of the person or business that will be responsible for receiving and maintaining records of cleaning and maintenance of pretreatment devices as required by §27-22(c) of the Tempe City Code. **Note:** The business Discharge Permit and other correspondence will be sent to this address; be sure to include suite or unit number.

Section III: Business Ownership and Record Location

This section is used for the type of ownership of business and to list the owners, partners, or another office of the business.

Ownership

Indicate the ownership type. Corporations need to indicate the state in which they were incorporated.

Owners/Partners/LLP/LLC Members or Officers

All corporations must provide a list of officers as well as statutory agent information. General Partnerships and LLPs must provide a list of all partners. LLCs must provide a list of all members.

Section IV: Business Type

Check the most appropriate type of food sales/delivery method being conducted. The Environmental Services Division uses a fixture unit count to determine what type of pretreatment device (grease interceptor or grease trap) is required. In addition, the type of food prepared/sold and method of delivery is taken into consideration to determine the adequate sizing.

Section V: Business Premise Status

Indicate whether or not you own your business location. If you answer "no," provide the name of the legal owner or property manager, their mailing address and phone number.

Section VI: Application Signature and Certification

Sign and date the discharge permit Notice of Intent as required by §27-36 of the Tempe City Code.