



CITY OF BEAUMONT
FOOD SERVICE USER SURVEY
Fiscal Year: 2022-2023

Fees: _____
Receipt No: _____
Date: _____ Initials: _____
Business License #: _____

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 Wastewater Department at (951) 769-8520 x 368. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

1. Business Name and Address: _____

Telephone Number: _____ Email Address: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Primary Contact: _____ Title: _____ Phone: _____

Alternate Contact: _____ Title: _____ Phone: _____

Building Plan/ Permit # _____ *N/A if business is not new construction.

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

Water Account Number(s): _____

5. Location Sewer Account Number(s): _____

6. Describe Facility Operations (business activities):

7. 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 additional sheets as needed (e.g., bathrooms, dishes, sodas, etc.):

8. Provide names and addresses of specific waste hauler(s) (e.g., Roto-Rooter, Wright Septic, etc.)

Name, address, and telephone number: _____

Name, address, and telephone number: _____

9. Operating Hours: _____ Days of the Week: _____
Seating Capacity: _____ Meals at Peak Hour¹: _____ Single Service²: _____

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.) that are disposable.

EQUIPMENT INVENTORY	CIRCLE YES OR NO		EQUIPMENT 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	_____

10. Is an interceptor/grease trap on site or proposed? (Circle One):

YES or NO if YES, Size: _____ gallons

Interceptor Location: _____

11. Is a Water Softener on-site or proposed? (Circle One): YES or NO

If YES, indicate Type³: _____

³Type examples: Exchange Canister, Self-Regenerating Brine Unit, Reverse Osmosis (RO), etc.

“I certify under penalty of law that this document and all the attachment are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathers 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 known violations.”

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

Name: _____ Signature: _____

Title: _____ Date: _____

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