



Mishawaka Utilities
City of Mishawaka
Food Service Registration

Facility Information

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Email Address: _____

St. Joseph County Health Department Restaurant License Number: _____

Type of Food Service Facility *(check one)*

Restaurant Hotel/Motel Food Preparation Food Packaging

Other: _____

Acknowledgement

I hereby acknowledge receipt of the brochure entitled "*Fats, Oil, and Grease Management Expectation for Restaurant Operators*" which gives an overview of recent changes to the Sewer Use Ordinance.

Signature: _____

Printed Name: _____

Date: _____