



10271 Express Drive
Gulfport, MS 39503
228-868-8752
hcua-ms.us

Grease Generator Application Checklist

- Completed Application
(Please include a valid phone number and point of contact)
- Copy of valid Mississippi State Health Department Food Service Permit
- \$120.00 Annual Permit Fee.
(Payable by cash, check payable to Harrison County Utility Authority”, Money Order, or credit/debit cards @hcua-ms.us)

Please submit application with the above documents listed and fee to our office for processing. The application may be submitted via hand delivery, USPS, fax or email. (If using fax or email please send a copy of the method of payment and submit fee by mail or hand delivery).

Mailing Address for all applications:
10271 Express Drive
Gulfport, MS 39503

Phone: (228) 868-8752

Fax: (228) 868-8751

Email:
Info@hcua-ms.us

Reminder

As stated in the Grease Generator Regulations, it is required that all generators must have their traps cleaned at a minimum of every 90 days to stay in compliance. A list of servicing companies that are permitted in Harrison County can be found at <https://www.hcua-ms.us/grease-permits>.



HARRISON COUNTY UTILITY AUTHORITY

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Permit Application & Registration Grease Waste Generator

Date: _____ Business Phone Number: _____

Applicant's Business Name: _____

Mailing Address: _____

Physical Address of food preparation establishment: _____

Mississippi State Department of Health License Number: _____

Size in Gallons of Grease Trap: _____

This is to certify that the information given above is correct to the best of my knowledge and belief. By my signature I hereby agree to the conditions stated in the Harrison County Utility Authority Grease Trap Regulations dated April 2, 1992:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____

Received copy of Grease Trap Regulations: Yes _____ No _____

Do not write below this line – For HCUA use only

Account Number: _____ Permit Number: _____ Expiration Date: _____

Permit Fee: \$120 Paid Cash, Check#, or CC Conf#: _____

Received by: _____

Approved HCUA Signature

Date