

**FOG Discharge Permit
Registration Application**

Please print or type

1. Name of the Food Service Establishment: _____

Facility Premise Address: _____

2. Facility Mailing Address (If different from premise address):

3. Business Phone Number: _____
Alternate Phone Number: _____
Fax Number: _____
e-mail Address: _____

4. Does this company own or rent the building? Own Rent

5. Property Owner's Name: _____

6. Property Owner's Address: _____

7. Designate Company Organization:
 Sole Proprietorship Corporation Partnership

If your company organization is designated as a corporation, then complete number 11 below. If it is designated as a partnership or sole proprietorship, complete number 12.

8. A corporation organized under the laws of _____.

	Name	Home Address	Home Phone
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

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9. Name, Title, and Home address of company owner(s) if sole proprietorship or partnership:

Name: _____ Title: _____

Home Address: _____

Home Phone: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____

10. Please choose the one description that describes the facility for which this application is being made.

- | | |
|--|--|
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Company/Office Building |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Supermarket _____ (Name) | |

11. Please check the item below that applies to your facility.

- Existing Sewer Discharge Proposed (new) Sewer Discharge

12. Seating capacity at your place of business, please check the appropriate line.

- 0 to 50 51 to 100 101 to 250 over 250

13. Please check each day that your business is open.

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Please check the meals that are served at your facility.

- Breakfast Lunch Dinner Snack/Coffee Food Prep. Only

14. Does this facility have a grease trap?

- Yes No Not Sure

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15. Please check each of the items listed below that are present in your kitchen facility:

- A. Fryolators Yes No If yes, how many
- B. Grills Yes No If yes, how many
- C. Ovens Yes No If yes, how many
- D. Tilt kettles Yes No If yes, how many
- E. Garbage grinder Yes No If yes, how many
- F. Three-bay pot sink Yes No If yes, how many
- G. Two-bay sink Yes No If yes, how many
- H. Single-bay sink Yes No If yes, how many
- I. Pre-rinse sink Yes No If yes, how many
- J. Dishwasher Yes No If yes, how many
- K. Mop sink Yes No If yes, how many

16. If your kitchen facility has grills and/or ovens which type of exhaust cleaning system do you use to clean the filters?

- Automatic cleaning system Manual cleaning system

17. If you manually clean your exhaust hood filters, where are they cleaned?

- Off-site (contractor)
- On-site

Please describe in detail if onsite. (i.e. 2-bay sink, 3-bay sink, dishwasher, floor drain, outside parking lot drain, other)

If you answered yes to question 16, please complete questions 20 through 25.

18. Please complete the following for EACH installed grease trap.

a. Manufacturer size (gallon) or (pounds)

- Passive Automatic
- Indoor Outdoor

Location (i.e., under 3-bay sink, in basement, outside in-ground, other)

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Which choice below best describes how often this grease trap is cleaned?

PLEASE CHOOSE ONE:

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Quarterly
- Every Six Months
- Yearly
- Never Clean It

b. Manufacturer _____ **size (gallons)** _____ **or pounds)** _____

- Passive
- Automatic

Location _____

(i.e., under 3-bay sink, in basement, outside in-ground, other)

Which choice below best describes how often this grease trap is cleaned?

PLEASE CHOOSE ONE.

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Quarterly
- Every Six Months
- Yearly
- Never Clean It

If more than two grease traps are installed, please attach additional information on the other grease traps at the end of the application.

19. When the indoor grease trap(s) are cleaned, how do you dispose of the waste after cleaning the trap? PLEASE SELECT ONLY ONE.

- Trash
- Mix with other grease stored on premise (i.e. fryolator grease, etc.)
- Contractor/Pumper disposes of grease

20. If a contractor cleans the indoor grease trap, please list the following:

Company Name _____

Business Phone Number _____

21. If waste fats, oils, and grease are stored on the premise from fryolators or other sources, where is this material stored?

- Inside building
- Outside building

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22. If an outdoor in-ground grease trap(s) are utilized, list the name and telephone number of the company who pumps out the trap.

Company Name _____

Business Phone Number _____

23. Do you use any additives in your grease traps, floor drains, sewer lines, etc. to help clean them?

Yes No

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application.

Enzymes Bacteria

Chemicals Other

24. Estimated water usage per year (Refer to water bill for this information.)

Either, _____ gallons or _____ 100 cubic feet.

25. Designation of Authorized Agent:

I, _____ certify that I am the _____ of
(name) (title)

_____ and that _____ is authorized to
(business name) (name)

make submittals to the {Agent} on behalf of _____ and that said
(business name)

submittals are duly signed for and on behalf of said corporate powers.

(signature)

Corporate Seal/Authorized Agent

Please attach a copy of the menu if available, and MSDS sheet(s) as described in question 23