



FOG Discharge Permit Registration Application

Please print or type

1. Do you or your company own more than one building that prepares or processes food and generates a wastewater discharge? _____ Yes _____ No _____ Don't Know

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

_____ Fast Food Restaurant _____ Hospital

_____ Full Service Restaurant _____ Nursing Home

_____ Drive through (only) Restaurant _____ College/University

_____ Seasonal Restaurant _____ Club/Organization

_____ Coffee Shop _____ Company/Office Building

_____ Bakery _____ Other (please describe below)

_____ Supermarket _____

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

_____ Existing Sewer Discharge _____ Proposed (new) Sewer Discharge

2. Company Name: _____

Facility Premise Address: _____

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

4. Business Phone Number: _____

Alternate Phone Number: _____

Fax Number: _____

e-mail Address: _____

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



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6. Property Owner's Name: _____

7. Property Owner's Address: _____

8. 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.

9. A corporation organized under the laws of _____.

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

10. 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: _____

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

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

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

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

13. Please check the meals that are served at your facility.

Breakfast ___ Lunch ___ Dinner ___ Snack/Coffee ___ Food Prep. Only ___



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14. Does this facility have a grease trap?

_____ Yes _____ No _____ Not Sure

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 Quarterly
 Weekly Every Six Months
 Bi-Weekly Yearly
 Monthly 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 Quarterly
 Weekly Every Six Months
 Bi-Weekly Yearly
 Monthly 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

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.



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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 26