



FOG APPLICATION & REGISTRATION FORM

1. A. Company Name: _____

B. Facility Name: _____

2. Facility Premises Address: _____

3. Facility Mailing Address (if different from premises address): _____

4. Does your Food Preparation Establishment own or rent more than one building that prepares or processes food and generates a wastewater discharge?

_____ YES _____ NO _____ DON'T KNOW

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

- | | |
|---------------------------------------|-------------------------------|
| _____ Fast Food Restaurant | _____ Full Service Restaurant |
| _____ Drive Through (Only) Restaurant | _____ Seasonal Restaurant |
| _____ Coffee Shop | _____ Bakery |
| _____ Supermarket | _____ Hospital |
| _____ Nursing Home | _____ College/University |
| _____ Club/Organization | _____ Company/Office Building |
| _____ Other: Please Describe _____ | |

*Please choose the appropriate Classification (Health Department License Class):

Class 1 _____ Class 2 _____ Class 3 _____ Class 4 _____

6. Property Owner's (Contact Person) Name: _____

7. Property Owner's (Contact Person) Address: _____

Property Owner (Contact Person) Phone Numbers:

A. Business Phone #: _____

B. Alternate Phone #: _____

C. Fax Phone #: _____

D. E-mail address: _____

8. Does this facility own or rent the building? ____ OWN ____ RENT
9. Designate Company Organization:
 ____ Sole Proprietorship ____ Corporation ____ Other: _____

If your company organization is designated as a corporation, then complete number 10 below. If it is designated as a partnership or sole proprietorship, complete number 11.

10. Corporation Information:
- President Name: _____
 President Home Address: _____
 President Contact Phone #: _____
 President Email: _____
- Vice-President Name: _____
 Vice-President Home Address: _____
 Vice-President Contact Phone #: _____
 Vice President Email: _____
- District Manager Name: _____
 District Manager Phone #: _____
 District Manager Email: _____
- General Manager Name: _____
 General Manager Phone#: _____
 General Manager Email: _____

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

Name: _____ Title: _____
 Home Address: _____
 Contact Phone #: _____
 Email Address: _____

General Manager Name: _____
 General Manager Phone#: _____
 General Manager Email: _____

12. Seating capacity at your Food Establishment Facility: Please check the appropriate line:
 ____ 0 to 50 ____ 51 to 100 ____ 101 to 250 ____ over 250

13. Please check each day your Food Establishment is open:
 Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Friday _____ Saturday _____ Sunday _____

14. Please check the meals that are served by your Food Preparation establishment:

Breakfast _____ Lunch _____ Dinner _____ Snack/Coffee _____

15. Does your Food Preparation Establishment use:

_____ Grease Trap (Inside) OR _____ Grease Interceptor (Outside) _____ NOT SURE

16. Please check each of the items listed below that are present in your Food Preparation Establishment:

- 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/Crock Pot: _____ YES _____ NO If yes, How many _____
- E. Garbage Disposals: _____ YES _____ NO If yes, How many _____
- F. Three Bay Pot Sinks _____ YES _____ NO If yes, How many _____
- G. Two Bay Sinks _____ YES _____ NO If yes, How many _____
- H. Single Bay Sinks _____ 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 _____

17. 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

18. 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): _____

IF YOU CURRENTLY ARE CONNECTED TO AGRU GREASE TRAP (Under the Sink) – PLEASE ANSWER QUESTIONS 19 THROUGH 22.

19. Manufacturer: _____ Size: _____

Passive (*NON COMPLIANT*): _____ Automatic: _____ Indoor _____ Outdoor _____

Location: _____

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

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

20. When the indoor grease trap (AGRU) is cleaned, how do you dispose of the waste after cleaning the trap? PLEASE SELECT ONLY ONE.

Trash

Mix with other grease stored on premises (i.e. fryolator grease):

Contractor/Licensed Renderer

21. If a Licensed Rendered Company maintains your AGRU and disposes of the waste, please provide the following information:

Renderer Name: _____

Renderer Phone #: _____

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

Inside Building

Outside Building

IF YOU CURRENTLY ARE CONNECTED TO AN *OUTSIDE, UNDERGROUND TANK* (GREASE INTERCEPTOR) PLEASE ANSWER QUESTIONS 23-26.

23. What rendering company empties and maintains the interceptor?

Company Name: _____

Company Phone #: _____

24. What size (in gallons) is the interceptor? _____

25. With what frequency is the tank emptied and cleaned by the renderer? Every _____ Months

26. Do you use 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 Chemicals Bacteria _____ Other

**This application/permit is non-transferable.

