



City of Escalon
2060 McHenry
Escalon, CA 95320

www.cityofescalon.org

APPLICATION
**FATS, OILS, AND GREASE (FOG)
WASTEWATER DISCHARGE 1 YR PERMIT**

Please Type or Print
FEE \$0.00

File No.
Approved
Department Use Only

INSTRUCTIONS

For the City of Escalon (COE) to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the Permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. Please write N/A if the information being requested does not apply.

The Permit Application must be signed by an official company representative. COE will return your permit application if it is not signed by the proper company official.

The permit fee is due at the time the permit application is submitted. An application received without remittance fee will be returned. All required Drawings, Information, and Waiver or Variance request (if applicable) must be submitted with this application.

COE **will not** process incomplete Permit Applications. Please refer to the FOG Control Program Manual for **additional information**. Clearly print or type the information requested.

SECTION 1 General Information

A. APPLICANT (Corporation or Food Service Establishment Name)

B. DOING BUSINESS AS (Food Service Establishment Name used at Sewer Service Address Listed Below)

C. SEWER SERVICE ADDRESS (Street, City, State, Zip Code)

D. PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

E. IS YOUR ESTABLISHMENT A SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

F. NAME OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name _____	Title _____
Street _____	City _____ State _____ Zip Code _____
Phone Number _____	Fax Number _____

G. NAME OF DESIGNATED REPRESENTATIVE AND SIGNATORY FOR THE FACILITY WHO CAN BE SERVED WITH NOTICES AND IS RESPONSIBLE FOR SIGNING ALL CORRESPONDENCE AND REPORTS. **ALL CORRESPONDENCE, INCLUDING CERTIFIED MAIL, WILL BE SENT TO THIS REPRESENTATIVE:**

Please check if this is the same person identified in **Line F** or provide the information below:

Name _____	Title _____
Street _____	City _____ State _____ Zip Code _____
Phone Number _____	Fax Number _____

H. FACILITY CONTACT DURING INSPECTIONS

Name _____	Title _____
Phone Number _____	Fax Number _____

SECTION 2 Facility Operational Characteristics

I. PLEASE CHECK DESCRIPTIONS THAT REPRESENT YOUR FACILITY

Type of Food Service Establishment	Location
<input type="checkbox"/> Fast Food Restaurant <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Buffet <input type="checkbox"/> Take Out Facility (only) <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Bakery <input type="checkbox"/> Cafeteria	<input type="checkbox"/> Stand-alone Restaurant <input type="checkbox"/> Strip Mall Attached <input type="checkbox"/> Mall/Food Court <input type="checkbox"/> School <input type="checkbox"/> Club/Organization <input type="checkbox"/> Company/Office Building <input type="checkbox"/> Stadium/Amusement Park
<input type="checkbox"/> Ice Cream Shop <input type="checkbox"/> Cocktails/Bar <input type="checkbox"/> Catering <input type="checkbox"/> Food Packager <input type="checkbox"/> Meat Processor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Supermarket <input type="checkbox"/> Religious Institution <input type="checkbox"/> Prison <input type="checkbox"/> Other: _____

J. PLEASE INDICATE EACH ITEM THAT YOU CURRENTLY HAVE IN YOUR FACILITY AND THE QUANTITY OF EACH

Food Processing Equipment				Kitchen Equipment			
	Qty		Qty		Qty		Qty
<input type="checkbox"/> Deep Fryer	_____	<input type="checkbox"/> Rotisserie	_____	<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> Other Equipment <i>(list below)</i>	_____
<input type="checkbox"/> Charbroiler	_____	<input type="checkbox"/> Stove	_____	<input type="checkbox"/> Pre-rinse sink	_____	_____	_____
<input type="checkbox"/> Griddle	_____	<input type="checkbox"/> Wok	_____	<input type="checkbox"/> Mop Sink	_____	_____	_____
<input type="checkbox"/> Grill	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Floor Drains	_____	_____	_____
<input type="checkbox"/> Oven	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Garbage Disposal	_____	_____	_____

K. PLEASE INDICATE OPERATING SCHEDULE:

Days of Operation	Hours of Operation		
Monday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Tuesday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Wednesday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Thursday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Friday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Saturday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Sunday	Start: _____ Stop: _____	Start: _____ Stop: _____	<input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed

L. PLEASE PROVIDE THE FOLLOWING MISCELLANEOUS INFORMATION REGARDING YOUR OPERATIONS:

No. of Employees		Do you wash plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Inside)		Chain Status	<input type="checkbox"/> Chain <input type="checkbox"/> Independent
Seating Capacity (Outside)		Seating	<input type="checkbox"/> Sit-down <input type="checkbox"/> Take-out <input type="checkbox"/> Both
Average no. of meals served during peak hour			

SECTION 3 Facility Information

M. ARE YOU CURRENTLY OPERATING YOUR BUSINESS FROM THE SEWER ADDRESS INDICATED? YES NO

IF THE ANSWER IS NO, INDICATE THE DATE YOU PLAN TO BEGIN OPERATION: _____

N. DO YOU HAVE A GREASE INTERCEPTOR IN THIS FACILITY? YES NO

DO YOU HAVE A GREASE TRAP IN THIS FACILITY? YES NO

O. PROPERTY OWNER

Name

Street

City

State

Zip Code

Phone Number

Fax Number

SECTION 4 Certification

P. I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with COE's FOG Ordinance and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

CERTIFICATION OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name

Title

Signature

Date

SECTION 5 Contact Info

Q. NAME OF THE PERSON TO CONTACT CONCERNING INFORMATION PROVIDED IN THIS APPLICATION

Name

Street

City

State

Zip Code

Phone Number

Fax Number

DEPARTMENT USE ONLY

APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
APPROVED BY	<input type="checkbox"/>	<input type="checkbox"/> DATE	CONDITIONS	