



CITY OF ARROYO GRANDE
 & SOUTH SAN LUIS OBISPO COUNTY SANITATION DISTRICT
FATS, OILS, AND GREASE PROGRAM FOOD SERVICE ESTABLISHMENT



WASTEWATER DISCHARGE PERMIT APPLICATION
 (805) 544-4011

Name of Facility															
Name of Owner				Phone											
Name of Manager				Phone											
Mailing Address															
Service Address* <small>(from water bill/landlord)</small>				Account Number* <small>(from water bill/landlord)</small>		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>									
County Health Department Permit Number*															
*THIS INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION															
Type of Facility															
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop								
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Other: _____								
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home										
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store										
Seating Capacity			Number of Employees												
Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat								
Types of fixtures (check all that apply)															
<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	3-compartment sinks	<input type="checkbox"/>	Tilt Kettles	<input type="checkbox"/>	Wok Ranges								
<input type="checkbox"/>	Grills	<input type="checkbox"/>	2-compartment sinks	<input type="checkbox"/>	Garbage Grinders	<input type="checkbox"/>	Pre-wash sinks								
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	1-compartment sinks	<input type="checkbox"/>	Dishwashers	<input type="checkbox"/>	Mop sinks								
Types of Grease Abatement <small>(check all that apply)</small>		Quantity	Serviced By												
<input type="checkbox"/>	Outside Grease Interceptor		Hauler Name: _____												
<input type="checkbox"/>	Indoor Manual Grease Trap		<input type="checkbox"/> Self	<input type="checkbox"/>	Hauler Name: _____										
<input type="checkbox"/>	Automatic Grease Removal Device (GRD)		<input type="checkbox"/> Self	<input type="checkbox"/>	Hauler Name: _____										
<input type="checkbox"/>	Unknown		<input type="checkbox"/> Self	<input type="checkbox"/>	Hauler Name: _____										
<input type="checkbox"/>	Other:		<input type="checkbox"/> Self	<input type="checkbox"/>	Hauler Name: _____										
Clean Grease Rendering Company:															
<p>I certify under the penalty of perjury and law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>						FOR OFFICE USE ONLY REC'D DATE _____ FEE COLLECTED \$ _____ FOG ZONE _____ PERMIT NUMBER _____ EXPIRATION DATE _____									
<p>I am also aware that if a permit is issued, I am responsible for payment of a Discharge Fee according to the District and associated Parent Agency's recent Schedule of Approved Fees and Charges.</p>						FORWARDED TO: FOG _____ OTHER _____									
Owner/Authorized Representative (print)				Title											
Signature				Date											

If you have any questions while completing this form, please call Wallace Group, the City & District's FOG Program Managers at 805-544-4011.