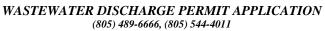


## SOUTH SAN LUIS OBISPO COUNTY SANITATION DISTRICT

## FATS, OILS, AND GREASE PROGRAM FOOD SERVICE ESTABLISHMENT





	ne of F	·										L	1	1						
	ne of O				none	+														
_	ne of N iling A	Ianager										P	none							
											i					_	_	_	_	_
Service Address* (from water bill/landlord)					(from							ount Number* water bill/landlord)								
		lth Departn																		
*THIS INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION																				
Type of Facility																				
	Full Service Restaura				Hospital			Church					=	Coffee Shop						
ᄖ	Fast Food Restaurant				Scho	School/College			Cl	ub/Or	ganizati	on		Other:						
Щ	Carry Out				Bakery			Nursing Home												
	Cafete			Ice C	Cream Sh	nop		Grocery Store												
Sea	ting Cap	pacity					N	umb	er o	f Emp	loyees									
Hour	mg .	Sun		Mon		Tue			Wed			nu		Fri				Sat		
11001	18																			
					Тур	es of fi	xtur	es (cł	ieck	all th	at appl	<b>y</b> )								
	Deep F		3-compartment sin				s Tilt Kettles			Kettles	Wok Ranges									
	Grills			2-compartment si			nks	Garbage Grin			nders	lers Pre-wash sinks								
Ovens				1-compartment sin					Dishwashers				Mop sinks							
Types of Grease Abatement (check all that apply)  Quantity Serviced By																				
	Outside	e Grease Inte	erceptor			r Nam	lame:													
Indoor Manual Gre			ase Trap			Hauler Name:														
	Automa Device	Removal	val				f Hauler Name:													
Unknown						Self	If Hauler Name:													
Other:					Self					Hauler Name:										
Clean Grease Rendering Company:																				
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 toassure 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.  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.												FOR OFFICE USE ONLY REC'D DATE FEE COLLECTED \$ FOG ZONE PERMIT NUMBER EXPIRATION DATE  FORWARDED TO: FOGOTHER								
Owner/Authorized Representative (print)											Title	:								
Signature								Date	$\top$											