



SOUTH SAN LUIS OBISPO COUNTY SANITATION DISTRICT

FATS, OILS, AND GREASE PROGRAM

FOOD SERVICE ESTABLISHMENT

WASTEWATER DISCHARGE PERMIT APPLICATION

(805) 489-6666, (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: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></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> <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>					<p>FOR OFFICE USE ONLY REC'D DATE _____ FEE COLLECTED \$ _____ FOG ZONE _____ PERMIT NUMBER _____ EXPIRATION DATE _____</p> <p>FORWARDED TO: FOG _____ OTHER _____</p>									
Owner/Authorized Representative (print)						Title								
Signature						Date								

If you have any questions while completing this form, please call the Disitric's FOG Program at 805-544-4011.