APPLICATION FOR FATS, OILS, AND GREASE (FOG) WASTEWATER DISCHARGE PERMIT FOR FOOD SERVICE ESTABLISHMENTS

Instructions: For the City of Lancaster Public Works Utility Services Division (City) to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the applicant must provide a complete permit application.

- 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. City will return your permit application if it is not signed by the proper company official.
- The permit application fee is due at the time the permit application is submitted. An application received without remittance will be returned. All required Drawings and Information described in the information brochure must be submitted with this application. Complete the checklist provided to ensure that all requirements are satisfied.

City will not process incomplete Permit Applications. 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 ( ) ______________ E-mail __________________

E. Responsible Party/Emergency Contact (Required) ____________________________

F. Emergency Contact Phone Number (Required) ____________________________
   (24 hour contact number; this should NOT be the phone number to the restaurant)

G. Is your establishment a ☐ Sole proprietorship? ☐ Partnership? ☐ Corporation?

H. Name of Owner, a General Partner, or Chief Executive Officer
   Name ____________________ Title ____________________
   Street ____________________ City ____________________ State ______ Zip Code
   Phone Number ____________________ Fax Number ____________________
Section 2 - Facility Operational Characteristics

Please check descriptions that represent your facility.

G. Type of Food Service Establishment

<table>
<thead>
<tr>
<th>Type of Food Service Establishment</th>
<th>Miscellaneous Information</th>
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<tbody>
<tr>
<td>☐ Fast Food Restaurant</td>
<td>Do you wash plates?</td>
</tr>
<tr>
<td>☐ Full Service Restaurant</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>☐ Buffet</td>
<td>Seating Capacity (Inside)</td>
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<tr>
<td>☐ Take Out Facility (only)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Coffee Shop</td>
<td>Seating Capacity (Outside)</td>
</tr>
<tr>
<td>☐ Bakery</td>
<td></td>
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<tr>
<td>☐ Cafeteria</td>
<td></td>
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<td>☐ Other</td>
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H. Do you currently have a Grease Interceptor? ☐ Yes ☐ No

(If yes, indicate Type) ☐ Gravity Grease Interceptor

☐ Hydromechanical Trap

"If you do not have a functioning Grease Recovery Device, you will be required to install one prior to opening"

Section 3 – Certification

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 City’s FOG Ordinance and 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 of FSE (restaurant)

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<tr>
<th>Name</th>
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Signature Date