\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City of Tulare Application for a Fats, Oils, and Grease Discharge Permit**

**Instructions:**

* The Permit Application must be filled out completely. If the application is missing anything it will be returned as incomplete.
* The Permit Application must be signed by an official company representative.

**Section I - General Information**

A Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Corporation, Partners, or Individual

B Doing Business as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Food Service Establishment at Sewer Service Address Below

C Sewer Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

D Contact Info ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Fax Number Email Address

E Is your establishment a □ sole proprietorship? □ partnership? □ corporation?

F Name of Owner, 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

**Section II - Facility Operational Characteristics**

I Please check descriptions that represent your facility.

|  |  |
| --- | --- |
| **Type of Food Service Establishment** | **Location** |
| □ Fast Food Restaurant □ Ice Cream Shop  □ Full Service Restaurant □ Cocktails/Bar  □ Buffet □ Catering  □ Take Out Facility (only) □ Food Packager  □ Coffee Shop □ Meat Processor  □ Bakery  □ Cafeteria □ Other\_\_\_\_\_\_\_\_\_\_\_ | □ Stand-alone Restaurant □ Hospital  □ Strip Mall □ Nursing Home  □ Mall/Food Court □ Hotel/Motel  □ School □ Supermarket  □ Club/Organization □ Religious Institution  □ Company/Office Building □ Prison  □ Stadium/Amusement Park □ 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 |
| □ Deep Fryer  □ Charbroiler  □ Griddle  □ Grill  □ Oven | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ | □ Rotisserie  □ Stove  □ Wok  □ Other  □ Other | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ | □ Dishwasher  □ Pre-rinse Sink  □ Mop Sink  □ Floor Drains  □ Garbage  Disposal | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ | □ Other Equip  (list below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ |

K Please indicate operating schedule:

|  |  |
| --- | --- |
| **Days of Operation** | **Hours of Operation** |
| Monday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Tuesday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Wednesday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Thursday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Friday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Saturday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |
| Sunday | Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Start: \_\_\_\_\_ Stop: \_\_\_\_\_ or □ 24 Hours or □ Closed |

L Please provide the following miscellaneous information regarding your operations:

|  |  |  |  |
| --- | --- | --- | --- |
| **Miscellaneous Information** | | | |
| No. of Employees |  | Do you wash plates? | □ Yes □ No |
| Seating Capacity (Inside) |  | Chain Status | □ Chain □ Independent |
| Seating Capacity (Outside) |  | Seating | □ Sit-Down □ Take-Out □ Both |
| Average number of meals served during peak hours |  |  |  |

**Section III - Facility Information**

M Are you currently operating your business? □ Yes □ No

If the answer is No, indicate the date you plan to begin operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N Do you have the intention of expanding business by adding additional seating, adding kitchen fixtures, or changing the type of food served anytime within the next year? □ Yes □ No

O Do you have a great interceptor or grease trap in this facility? □ Yes □ No

If the answer is Yes, indicate the liquid holding capacity in gallons: \_\_\_\_\_\_

P Is more than one facility connected to the same grease interceptor? □ Yes □ No

If the answer is Yes, what is the name of the person responsible to manage

the service of the grease interceptor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q Property Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Fax Number

**Section IV - Certification**

*I have personally examined and I 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 the City of Tulare 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.*

R Certification of Owner, a General Partner, or Chief Executive Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Section V - Contact for this Application**

S Name of the person to contact concerning information provided in this application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code