



CITY OF HEALDSBURG

Public Works Department

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Visit us at www.ci.healdsburg.ca.us

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

Instructions: For the City of Healdsburg (COH) 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. COH will return your permit application if it is not signed by the proper company official.
- ▶ The permit 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.

COH **will not** process incomplete Permit Applications. Please refer to **Appendix A** of the information brochure for **detailed instructions** for completing this Application Form. Clearly print or type the information requested.

Section I – General Information

A Business Name _____
Corporation or Food Service Establishment Name

B Business Address _____
Street City State Zip Code

C Phone Number _____

D Property Owner? Property Tenant?

E Name of Business Owner, a General Partner, or Chief Executive Officer
Name Title
Street City State Zip Code
Phone Number Fax Number

F Name of Property Owner Please check if this is the same person identified in Line E, proceed to G.
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** (this person must meet the requirements detailed in the instructions provided in Appendix A):

Please check if this is the same person identified in Line E, proceed to H.

Name		Title	
Street	City	State	Zip Code
Phone Number		Fax Number	

H Facility Contact During Inspections

Please check if this is the same person identified in Line E, proceed to section II.

Name	Title
Phone Number	

Section II – Facility Operational Characteristics

I Please check descriptions that represent your facility.

Type of Food Service Establishment		Location	
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Stand-alone Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cocktails/Bar	<input type="checkbox"/> Strip Mall Attached	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Buffet	<input type="checkbox"/> Catering	<input type="checkbox"/> Mall/Food Court	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Take Out Facility (only)	<input type="checkbox"/> Food Packager	<input type="checkbox"/> School	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Club/Organization	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Bakery		<input type="checkbox"/> Company/Office Building	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other _____	<input type="checkbox"/> Stadium/Amusement Park	<input type="checkbox"/> 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
<input type="checkbox"/> Deep Fryer	_____	<input type="checkbox"/> Rotisserie	_____	<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> Other Equipment (list below)	
<input type="checkbox"/> Charbroiler	_____	<input type="checkbox"/> Stove	_____	<input type="checkbox"/> Pre-rinse sink	_____		_____
<input type="checkbox"/> Griddle	_____	<input type="checkbox"/> Wok	_____	<input type="checkbox"/> Mop Sink	_____		_____
<input type="checkbox"/> Grill	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Floor Drains	_____		_____
<input type="checkbox"/> Oven	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Garbage Disposal	_____		_____
<input type="checkbox"/> Outdoor BBQ	_____			<input type="checkbox"/> Steam Sanitizer	_____		_____

K Please indicate operating schedule:

Days of Operation	Hours of Operation			
Monday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Tuesday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Wednesday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Thursday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Friday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Saturday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Sunday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed

L Please provide the following miscellaneous information regarding your operations:

Miscellaneous Information			
No. of Employees		Do you wash plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Inside)		Chain Status	<input type="checkbox"/> Chain <input type="checkbox"/> Independent
Seating Capacity (Outside)		Seating	<input type="checkbox"/> Sit-down <input type="checkbox"/> Take-out <input type="checkbox"/> Both
Average no. of meals served during peak hour			

Section III - Facility Information

M Are you currently operating your business at the address indicated? Yes No

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

N Do you have a grease interceptor in this facility? Yes No
(see detailed instructions in Appendix A for definition of grease interceptor)

O If known list size, and if it is a shared interceptor: _____

P If there is no interceptor, do you have a grease trap? Yes No Size? _____

Q If there is no interceptor or trap, describe best management practices used to prevent FOG from entering the sewer. _____

Section IV - 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 COH's 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 Information for this Application

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

_____	_____	_____	_____
Name	Phone		
_____	_____	_____	_____
Street	City	State	Zip Code

Section VI – Mailing Information

**Mail the completed application to:
City of Healdsburg
Public Works Department - FOGWDP Program
401 Grove St.
Healdsburg, CA 95448-4723
or
Fax 707-431-3140
Phone 707-431-3346**