



## FATS, OILS AND GREASE (FOG) Permit Application

- Permit applications shall be complete and legible for the City of Dallas to properly evaluate and process the permit application.
- Permit applications will not be accepted for residential zoned properties.
- Permit application shall be signed by an official managing member or executive officer of the Facility/Business.
- Application fee of \$400 is due at time of application submission to the city.
- Inspection by the Public Works Department of the city is required prior to issuance of permit. Please contact [mcash@dallas-ga.gov](mailto:mcash@dallas-ga.gov) to schedule on-site inspection.

### SECTION 1: General Information

This Application Applies to (circle one):

**New Facility/Business**    **Renewal**    **Change in Ownership**    **Change in Name**    **Other Information**

\*If a New Facility/Business, what is the date of opening? \_\_\_\_\_

**Facility/Business Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address: (if different than location)** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Business Email:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Official Contact:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact for Inspections:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Waste Hauler:** \_\_\_\_\_

**Days and Hours Open for Business:** \_\_\_\_\_

**Number of employees:** \_\_\_\_\_

**Seating capacity inside:** \_\_\_\_\_ **outside:** \_\_\_\_\_

**Average number of meals served during peak hour:** \_\_\_\_\_

**Seating:** Sit-down    Take-Out    Both

**Do you wash your dishes?**    Yes    No

## SECTION 2: Facility Operational Characteristics

Please check those that apply to the business

Type of Food Service Establishment	Location
<input type="checkbox"/> Fast Food Restaurant <input type="checkbox"/> Full-Service Restaurant <input type="checkbox"/> Buffet <input type="checkbox"/> Take Out Facility (only) <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Bakery <input type="checkbox"/> Cafeteria <input type="checkbox"/> Ice Cream Shop <input type="checkbox"/> Cocktails/Bar <input type="checkbox"/> Catering <input type="checkbox"/> Food Packager <input type="checkbox"/> Meat Processor <input type="checkbox"/> Other _____	<input type="checkbox"/> Stand-alone Restaurant <input type="checkbox"/> Strip Mall Attached <input type="checkbox"/> School <input type="checkbox"/> Club/Organization <input type="checkbox"/> Company/Office Building <input type="checkbox"/> Stadium/Amusement Park <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Supermarket <input type="checkbox"/> Religious Institution <input type="checkbox"/> Prison <input type="checkbox"/> Other _____

Please indicate each item that you currently have in your facility and the quantity of each:

Food Processing Equipment		Kitchen Equipment	
<input type="checkbox"/> Deep Fryer <input type="checkbox"/> Char broiler <input type="checkbox"/> Griddle <input type="checkbox"/> Grill <input type="checkbox"/> Oven <input type="checkbox"/> Rotisserie <input type="checkbox"/> Stove <input type="checkbox"/> Wok <input type="checkbox"/> Other _____	Qty _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Pre-rinse sink <input type="checkbox"/> Mop sink <input type="checkbox"/> Floor Drains <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Other Equipment (List Below) _____ _____ _____	Qty _____ _____ _____ _____ _____ _____ _____ _____

Exterior Grease Trap Capacity		Passive Interior Grease Trap
<input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500	<input type="checkbox"/> 2000 <input type="checkbox"/> 2500 <input type="checkbox"/> 3000 <input type="checkbox"/> _____	Type:  Size:

A copy of the completed manifest(s) shall be submitted to the Business Development Department, Cheyenne Cook, [ccook@dallas-ga.gov](mailto:ccook@dallas-ga.gov), upon completion of each service. It is the responsibility of the Facility/Business to submit the required manifest, per their permit requirements for compliance.

### SECTION 3: Certification

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*The undersigned represents that he/she has full authority to execute this document on behalf of the Facility/Business, and that to the best of the undersigned's knowledge and belief, the representations, certifications, and other statements contained herein are true, complete, and accurate. The undersigned further certifies that it will notify the City of Dallas of any changes to these representations and certifications. The representations and certifications made by the undersigned, as contained herein, concern matters within the jurisdiction of the City of Dallas, and making of a false, fictitious, or fraudulent representation or certification may render the maker subject to prosecution, fine(s), and/or imprisonment.*

*The undersigned certifies upon issuance of the permit, operation and its resultant wastewater discharge will achieve consistent compliance with City of Dallas code, ordinance, applicable federal, and local wastewater discharge requirements. If the wastewater discharge fails to meet the applicable requirements. The Facility/Business will modify operations, install wastewater pretreatment equipment, or implement measures deemed necessary to meet discharge requirements.*

#### Certification of Owner, Official Managing Member, or Executive Officer

_____	_____
Name	Title
_____	_____
Signature	Date

### SECTION 4: To be completed by the City of Dallas

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Application complete:                      YES: \_\_\_\_\_    NO: \_\_\_\_\_    Date: \_\_\_\_\_

Permit Issued:                                YES: \_\_\_\_\_    NO: \_\_\_\_\_    Date: \_\_\_\_\_

Environmental Compliance Inspector:    x \_\_\_\_\_                      Date: \_\_\_\_\_

Business Development Director:            x \_\_\_\_\_                      Date: \_\_\_\_\_

Public Works Director:                      x \_\_\_\_\_                      Date: \_\_\_\_\_