



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

Instructions: For the City of Dallas 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. The City of Dallas will return your permit application if it is not signed by the proper company official.
- ❖ The application fee of \$100 is due at the time the application is submitted.

The City of Dallas **will not** process incomplete Permit Applications. Clearly print or type the information requested.

Section I – 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 () _____ Email Address _____

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

F. Name of Owner, a General Partner, or Chief Executive Officer

Name Title

Street City State Zip Code

Phone Number Fax Number

G. Facility Contact During Inspections

Name Title

Phone Number

H. Latitude & Longitude

I. Parcel #

J. Incorporation Articles Attached

Section II – Facility Operational Characteristics

A. Please check descriptions that represent your facility:

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

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

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

C. 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

D. Please provide the following miscellaneous information regarding your operations:

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

E. Type of Grease Recovery System (To be filled out by certified personnel)

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

Section III – Facility Information

A. Are you currently operating your business from the sewer address indicated? Yes No
If the answer is No, indicated the date you plan to begin operation: _____

B. Property Owner _____
Name

Street City State Zip Code

Phone Number Fax Number

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 The City of Dallas'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.

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

Name Title

Signature Date

Section V – Contact Information for this Application

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

Name Phone

Street City State Zip Code

Section VI – To be completed by The City of Dallas

Application approved & permit granted **Yes** **No**

Registration # _____

City of Dallas FOG Inspector Signature

Date