



FOG Permit Application Form
Ordinance # 89-16
APPLICATION FOR FATS, OILS AND GREASE (FOG) WASTEWATER
DISCHARGE PERMIT

APPLICATION INSTRUCTIONS: Applicants must provide complete and legible information for this form to be considered for permit application. Incomplete or illegible forms will be returned to the applicant for completion and resubmittal to the City of Fort Smith. The Permit Application must be signed by the official company representative.

SECTION 1 - General Facility Information

A. Facility Name: _____

B. Facility Address: _____
Street City State Zip Code

C. Facility Phone: _____ Fax Number: _____

E-mail Address: _____

D. Facility Contact Information:

Name Title

Street City State Zip Code

Phone Number Fax e-mail

E. Billing Contact Information:

Name Title

Street City State Zip Code

Phone Number Fax e-mail

Utility Department • 801 Carnall Avenue, Suite 500
Fort Smith, Arkansas 72901
(479) 494-3939

SECTION II – Facility Operations Information

F. Check all that apply to your facility:

Type of Food Service	Location
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> School
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Strip Mall
<input type="checkbox"/> Buffet	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Take Out Facility	<input type="checkbox"/> Mall/Food Court
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Stadium/Amusement Park
<input type="checkbox"/> Bakery	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Company/Office Building
<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Hospital/Medical Center
<input type="checkbox"/> Cocktail or Bar	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Catering	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Food Packager	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Church/Religious Institution
<input type="checkbox"/> Other	<input type="checkbox"/> Prison/Jail
	<input type="checkbox"/> Other

G. Provide comprehensive site plans including:

- Floor Plans
- Plumbing Plans
- Mechanical Plans
- Sewer Location
- Floor Drains
- Chemical Storage Sites
- FOG Control Devices by size, location, elevation and all points of discharge.

For existing facilities, the FOG Generator may provide a schematic drawing and permit access for inspection by the Control Authority. A qualified professional must certify to the accuracy of these submittals for new construction.

H. NAICS codes (defined by Fort Smith Code Section 25-206(d) (35) of all process being conducted at the facility.

I. Please indicate each item and the quantity your facility currently operates:

Food Processing Equipment	Kitchen Equipment
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	QTY		QTY		QTY
<input type="checkbox"/> Deep Fryer		<input type="checkbox"/> Wok		<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Char broiler		<input type="checkbox"/> Other		<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"/> Stove				<input type="checkbox"/> Garbage Disposal	
<input type="checkbox"/> Oven				<input type="checkbox"/> Other	
<input type="checkbox"/> Rotisserie				<input type="checkbox"/> Other	

J. Hours of Operation:

Days of Operation	Hours of Operation			
Monday	Start _____	Stop _____	24-Hours _____	Closed _____
Tuesday	Start _____	Stop _____	24-Hours _____	Closed _____
Wednesday	Start _____	Stop _____	24-Hours _____	Closed _____
Thursday	Start _____	Stop _____	24-Hours _____	Closed _____
Friday	Start _____	Stop _____	24-Hours _____	Closed _____
Saturday	Start _____	Stop _____	24-Hours _____	Closed _____
Sunday	Start _____	Stop _____	24-Hours _____	Closed _____

K. Miscellaneous Operations Information:

Miscellaneous Information			
Number of Employees		Do you wash food prep equipment and/or eating utensils?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity		Type of Facility	<input type="checkbox"/> Chain <input type="checkbox"/> Independent
Average number of Meals Served/Prepared Per Day			

L. Pollution Prevention Activities

The applicant will summarize any Best Management Practices (BMP's) that are currently in place to reduce source water, minimize wastewater and/or actions taken to reduce the introduction of FOG into the wastewater collection system.

Section III – Owner Information

M. Are you operating your business from the sewer address indicated? Yes No

N. Do you have a grease interceptor/trap in this facility? Yes No

O. Property Owner:

Name

Street

City

State

Zip Code

Phone Number

Fax

e-mail

Section IV – Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties for submitted false information, including the possibility of fine and imprisonment for knowing violations.

P. Certification of Owner, General Partner or Chief Executive Officer:

Name

Title

Signature

Date

Section V – Contact for this Application

Q. Name of representative to contact regarding information in this application:

Name

Title

Street

City

State

Zip Code

Phone Number

Fax

e-mail