



Fats, Oil, and Grease Discharge Permit Application

Section A – General Information

1. **Facility Name:** _____
 - a. Business License No. _____
 - b. Facility Manager _____
 - c. Facility Owner, if different _____
 - d. Corporate Owner, if applicable _____
2. **Facility Address**
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
3. **Business Mailing Address** (if different):
Street or P.O. Box _____
City: _____ State: _____ Zip: _____
4. **Designated Facility Contact and/or Signatory Authority:**
 - a. Primary:
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
 - b. Additional:
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Section B – Water Billing Information

- Name as it appears on water bill: _____
 Address: _____
 City: _____ State: _____ Zip: _____
- Water Service Account numbers: _____

Section C – Fats, Oil and Grease Treatment

- Does your Facility have a FOG device such as a grease interceptor or grease trap?
 _____ Yes _____ No _____ Unknown
- Do kitchen drains go to a FOG device? Yes _____ No _____ Unknown _____
- Do dishwashers go to a FOG device? Yes _____ No _____ Unknown _____
- Do kitchen floor drains go to a FOG device? Yes _____ No _____ Unknown _____
- List the location and size of all FOG devices at your facility:

Type	Number of	Size (gallons)	Location of FOG device	Comments
Grease Interceptor				
Internal Grease Trap				
Grease Recovery System				
Other				
Other				

- How often are these FOG device(s) serviced?
 Monthly _____ Quarterly _____ Other (list frequency) _____
- Name of Pumping Company/Waste Hauler:

* All Devices must be pumped out completely at a Minimum frequency of once every (90) ninety Days in accordance with the City of Daytona Beach Fats, Oil, and Grease Program Manual

Section D – Facility Operational Characteristics

1. Shift information (Hours of Operation): _____
2. Seating Capacity: _____
3. List all major equipment used for food preparation (i.e. grills, fryers, dishwashers, sinks etc.)

Type Equipment	Size or Specification	Number of units
Grills		
Fryers		
Dishwashers		
Three Compartment Sinks		
Hand Sinks		

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system or 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 that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violation.

Name Title

Signature Date Phone Number

Please submit your completed permit application to:

City of Daytona Beach
FOG Program
3651 LPGA Boulevard
Daytona Beach, FL 32124
(386) 671 8987
FOG@codb.us