



**South Placer Municipal Utility District**  
 5807 Springview Drive  
 Rocklin, CA 95677  
 (916) 786-8555

**FOG Permit Application Form**  
 Fats, Oils and Grease (FOG) Program  
 SPMUD Ordinance 09-01

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

**INSTRUCTIONS: For the South Placer Municipal Utility District (SPMUD) 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. SPMUD will return your permit application if it is not signed by the proper company official.

SPMUD **will not** process incomplete Permit Applications. Clearly print or type the information requested.

**Note that this permit shall renew automatically unless contact information changes, the facility use changes or as required by SPMUD.**

**SECTION I – General Information**

**SPMUD Declaration of Density Form**

A Applicant: \_\_\_\_\_  
 Name of Corporation, Partners, or Individual

B Doing Business as: \_\_\_\_\_  
 Name of Food Service Establishment at Sewer Service Address Below

C Sewer Service Address: \_\_\_\_\_  
 Street City State Zip Code

D Phone Number: ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

E Is your establishment a  sole proprietorship?  partnership?  corporation?  other \_\_\_\_\_

F Name of Owner, General Partner, or Chief Executive Officer:  
 \_\_\_\_\_  
 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:

Please check if this is the same person identified in Line F or provide the information below:

\_\_\_\_\_  
 Name Title

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

H Facility Contact During Inspections:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**SECTION II – Facility Operational Characteristics**

I Please check descriptions that best represent your facility (check all that apply):

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"/> Cocktail/Bar	<input type="checkbox"/> Strip Mall	<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"/> Other _____	<input type="checkbox"/> Company/Office Building	<input type="checkbox"/> Prison
<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"/> Wok	_____	<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> Other Equipment	_____
<input type="checkbox"/> Charbroiler	_____	<input type="checkbox"/> Other Equipment (list below)	_____	<input type="checkbox"/> Pre-Rinse sink	_____	(list below)	_____
<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"/> Rotisserie	_____	_____	_____			_____	_____

K Please indicate the 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			
Number 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 Number of Meals Served During Peak Hour			

**SECTION III – Facility Information**

M Are you currently operating your business from the sewer 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

O Property Owner:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

**SECTION IV – Certification**

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I certify that I have received, read and am familiar with Ordinance 09-01 of South Placer Municipal Utility District and I have personally examined and am familiar with the information submitted in the attached document. I hereby certify under penalty of perjury under the laws of the State of California that the submitted information is true, accurate and complete. I am aware that there is the possibility of fines and penalties for submitting false information. I also understand that providing false or inaccurate information on this permit application is grounds for revocation of the FOG wastewater discharge permit by the South Placer Municipal Utility District.

I certify that upon issuance of the permit, the applicant's wastewater discharge will achieve consistent compliance with SPMUD's FOG Ordinance 09-01 and applicable federal, state and local wastewater discharge requirements. If the wastewater discharge does not meet all of the applicable regulations, the applicant will modify its operations and install wastewater pretreatment equipment as may be required by the South Placer Municipal Utility District to meet discharge requirements.

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

_____	
Name	Title
_____	
Signature	Date

**SECTION V – Contact for this Application**

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

_____			
Name	Title		
_____			
Street	City	State	Zip Code
_____		_____	
Phone Number	Fax Number		