



FATS, OILS, and GREASE DISCHARGE PERMIT APPLICATION

City of Buellton

107 W. Highway 246, Buellton, CA 93427

805-686-0137



Name of Facility							
Name of Owner				Phone			
Name of Manager				Phone			
Mailing Address				Email:			
Service Address* (from water bill/landlord)			Account Number* (from water bill/landlord)				
County Health Department Permit Number*							
*THIS INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION							
Type of Facility							
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/> Nursing Home			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/> Grocery Store			
Seating Capacity			Number of Employees				
Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Types of fixtures (check all that apply)							
<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	3-compartment sinks	<input type="checkbox"/>	Tilt Kettles	<input type="checkbox"/>	Wok Ranges
<input type="checkbox"/>	Grills	<input type="checkbox"/>	2-compartment sinks	<input type="checkbox"/>	Garbage Grinders	<input type="checkbox"/>	Pre-wash sinks
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	1-compartment sinks	<input type="checkbox"/>	Dishwashers	<input type="checkbox"/>	Mop sinks
Types of Grease Abatement (check all that apply)		Quantity	Serviced By				
<input type="checkbox"/>	Outside Grease Interceptor		Hauler Name: _____				
<input type="checkbox"/>	Indoor Manual Grease Trap		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name: _____			
<input type="checkbox"/>	Automatic Grease Removal Device (GRD)		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name: _____			
<input type="checkbox"/>	Unknown		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name: _____			
<input type="checkbox"/>	Other:		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name: _____			
Clean Grease Rendering Company: _____							
<p>I certify under the penalty of perjury and law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information 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 fine and imprisonment for knowing violations.</p>					<p>FOR OFFICE USE ONLY REC'D DATE _____ FEE COLLECTED \$ _____ FOG ZONE _____ PERMIT NUMBER _____ EXPIRATION DATE _____</p>		
					FORWARDED TO: FOG _____ OTHER _____		
Owner/Authorized Representative (print)				Title			
Signature				Date			