



Winchester Municipal Utilities (WMU)

FOG CONTROL PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS

Please choose one description that best describes your facility:

- New Food Service Establishment Existing Food Service Establishment
 Food Service Establishment with Recent Modification

Section A - Facility Information:

1. Facility Name _____
2. Facility Street Address _____ Zip _____
Facility Phone Number _____
3. Business Mailing Address (if different from 2. above)
Street _____ Zip _____
4. Owner of Premises (if different from facility owner)
Name _____
Address _____
Telephone Number _____
5. Designated signatory authority of the facility
Name _____
Title _____
Address _____
Telephone Number _____ Email Address _____
6. Designated Facility Contact
Name _____
Title _____
Telephone Number _____ Email Address _____
7. For existing FSE, name as it appears on water bill: _____
Water Service Account Number (s): _____

Section B – Facility Operational Characteristics:

1. Please choose one description that best describes your facility:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Drive Through (only) | <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Bakery | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Religious Institution | <input type="checkbox"/> School/College | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Company/Office Building | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Bar/Lounges | <input type="checkbox"/> Convenience Stores |
| <input type="checkbox"/> Meat Markets | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Fruit & Vegetable Market |
| <input type="checkbox"/> Other _____ | | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> _____ Grill | <input type="checkbox"/> _____ Oven | <input type="checkbox"/> _____ Dishwasher |
| <input type="checkbox"/> _____ Pre Rinse Sink | <input type="checkbox"/> _____ Mop Sink | <input type="checkbox"/> _____ Deep Fryer |
| <input type="checkbox"/> _____ Floor Drains | <input type="checkbox"/> _____ Tilt Kettle/Crock Pot | <input type="checkbox"/> _____ Garbage Disposal |
| <input type="checkbox"/> _____ Three Bay Sink | <input type="checkbox"/> _____ Two Bay Sink | <input type="checkbox"/> _____ Single Bay Sink |
| <input type="checkbox"/> _____ Hand Sinks | <input type="checkbox"/> _____ Other Equipment | |

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.

4. Provide a site map with your building's footprint. Include surrounding streets and landmarks, and connections to the Publicly-Owned Treatment Works (POTW).

5. What is the seating capacity at your facility? _____

6. Please indicate your facility's standard hours of operation.

Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____
Sunday _____		

Section C– Treatment:

1. Do you have a grease interceptor at your facility? _____

2. Complete the following for all grease removal device(s) and attach manufacturer's specifications for all internal and external interceptors.

a. Make and Model _____
Capacity (gal) _____ or (lb) _____
Passive _____ or Automatic _____
Indoor _____ or Outdoor _____
Cleaning frequency _____
Location _____
(under 3-bay sink, in basement, outside in ground, etc)

b. Make and Model _____
Capacity (gal) _____ or (lb) _____
Passive _____ or Automatic _____
Indoor _____ or Outdoor _____
Cleaning frequency _____
Location _____
(under 3-bay sink, in basement, outside in ground, etc)

c. Make and Model _____
Capacity (gal) _____ or (lb) _____
Passive _____ or Automatic _____
Indoor _____ or Outdoor _____
Cleaning Frequency _____
Location _____
(under 3-bay sink, in basement, outside in ground, etc)

3. If the INDOOR grease interceptor (trap) is being maintained onsite, how do you dispose of the waste after cleaning the device?

Trash Contractor disposes of grease Recycle Other _____

4. If a contractor(s) cleans the INDOOR or OUTDOOR grease removal device(s), please list the following:

a. Contractor Name _____
Address _____
Telephone Number _____

b. Contractor Name _____
Address _____
Telephone Number _____

5. Are there any additives placed in the plumbing, grease interceptor (trap) (i.e. enzymes, bacteria, etc)?

Yes No

6. If you answered yes to question 6 above, please attach a Material Safety Data Sheet (MSDS) for this application.

7. Please attach a copy of your menu to the application.

Section D- Authorized Representative Statement:

I hereby certify that the above information is accurate. I acknowledge that changes in cooking methods, volumes, and hours of operation will require re-application and possible increase in the size or type of grease interceptor. I certify the grease interceptor(s) will be cleaned in accordance with manufacturers' specifications a minimum of once per week or more frequently if required by the permit. I certify that all staff will use best management practices as pertains to disposal and handling of grease, fats, and oils. I acknowledge that the required cleaning frequency can be increased at any time by Winchester Municipal Utilities.

Signature _____ Date _____

Printed _____

Please include \$25 application fee (payable to WMU) with application and mail to:

Winchester Municipal Utilities
Attn: FOG Control Coordinator
P.O. Box 4177
150 North Main Street
Winchester, KY 40392-4177

For questions or concerns, please contact the Pretreatment Coordinator at (859) 744-5434.