



**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

**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"/> O Other	<input type="checkbox"/> Other

G. Provide comprehensive site plans including:

- Plumbing Plans
- 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.

If the FOG Generator is submitting the application for re-permit, the plans only have to be submitted if any plumbing work has been done on the facility since the initial permit was delivered.

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

<input type="checkbox"/> 722511 Full Service Restaurant	<input type="checkbox"/> 813110 Church/Religious Organization
<input type="checkbox"/> 722513 Limited Service/Fast Food Restaurant	<input type="checkbox"/> 445120 Convenience Store
<input type="checkbox"/> 611110 School	<input type="checkbox"/> 721110 Hotel/Motel
<input type="checkbox"/> 445110 Grocery/Supermarket	<input type="checkbox"/> 722515 Snack/Coffee Shop/Donut Shop/Ice Cream Shop
<input type="checkbox"/> O 624410 Child Care	<input type="checkbox"/> O Other

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

Food Processing	QTY	Kitchen Equipment	QTY	Kitchen Equipment	QTY
<input type="checkbox"/> Stove		<input type="checkbox"/> 3 Compartment Sink		<input type="checkbox"/> Floor Drains	
<input type="checkbox"/> Oven		<input type="checkbox"/> 2 Compartment Sink		<input type="checkbox"/> Mop Sink	
<input type="checkbox"/> Grill		<input type="checkbox"/> Hand Sink		<input type="checkbox"/> Garbage Disposal	
<input type="checkbox"/> Fryer		<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Other:	
<input type="checkbox"/> Wok		<input type="checkbox"/> Pre-wash Sink		_____	
<input type="checkbox"/> Other:		<input type="checkbox"/> Floor Sink			
_____					

J. Hours of Operation:

Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Sunday:
Thursday:	Check here is opened 24 hours a day <input type="checkbox"/>

K. Miscellaneous Operations Information:

Miscellaneous Information			
Number of Employees		Do you wash food prep equipment and/or eating utensils?	<input type="radio"/> Yes <input type="radio"/> No
Seating Capacity		Type of Facility	<input type="radio"/> Chain <input type="radio"/> 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-Grease Control Device Information**

M. Do you have a Grease Control Device in this facility?  Yes  No

a. Where is your Grease Control Device located?

Inside the facility

Outside the facility

b. Is the Grease Control Device located above or below ground?

Above ground

Below ground

c. What is the capacity of the Grease Control Device in gallons?

i. If you do not know the capacity, what are the dimensions of the Grease Control Device?

d. How often do you have your Grease Control Device completely evacuated and cleaned?

e. What permitted FOG Hauler do you use?

**Section IV – Owner Information**

N. Property Owner:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Fax

\_\_\_\_\_  
e-mail

**Section V – 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.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section VI – Contact for this Application**

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
Fax

\_\_\_\_\_  
e-mail