

Town of Canton 50 Old River Road, PO Box 168 Collinsville, CT 06022

# FOG APPLICATION & REGISRATION FORM

1. Does your Food Preparation Establishment own more than one building that prepares or processes food and generates a wastewater discharge?

•	
YES	NO
2.0	

\_\_\_\_\_ DON'T KNOW

2. Please choose the one description that describes the facility for which this application is being made:

Fast Food Restaurant	Full Service Restaurant
Drive Through (Only) Restaurant	Seasonal Restaurant
Coffee Shop	Bakery
Supermarket	Hospital
Nursing Home	College/University
Club/Organization	Company/Office Buildng
Other: Please Describe	

- 4. Facility Premise Address: \_\_\_\_\_
- 5. Facility Mailing Address (if different from premise address):

6. Owner's (Contact Person) Name: \_\_\_\_\_

### 7. Owner's (Contact Person) Address:

8.	Owner (Contact Person) Phone Numbers:	
	A. Business Phone #:	
	B. Alternate Phone #: C. Fax Phone #:	
	D. e-mail address:	
9.	Does this facility own or rent the building? OWN RENT	
10.	Designate Company Organization:	
	Sole ProprietorshipCorporationCorporation	
	If your company organization is designated as a corporation, then complete number 11 below. If it is designated as a partnership or sole proprietorship, complete number 12.	r
11.	Corporation Information:	
	President Name:	
	Drasidant Home Address:	
	President Contact Phone #:	
	Vice-President Name:	
	Vice-President Home Address:	
	Vice-President Contact Phone #:	
	Secretary Name:	
	Secretary Name	
	Secretary Contact Phone #:	
	Tracerumer Marris	
	Treasurer Name:	
	Treasurer Contact Phone #:	
12.	Name, Title, and Home address of company owner(s) if sole proprietorship or partnership:	
	particismp.	
	Name: Title:	
	Home Address:	
	Contact Phone #:	
	Name: Title:	
	Home Address:	
	Contact Phone #:	

Home Address:				
				ase check the appropriate line: 50 over 250
14. Please check ead Monday Friday				-
	e meals that are serverLunch	• •	-	ration establishment: ck/Coffee
16. Does your Food YES	Preparation Establi			rap currently?NOT SURE
17. Please check es Establishment:	ach of the items liste	ed below t	hat are prese	nt in your Food Preparation
-	posals: ot Sinks nks Sinks ik facility has grills and	YES YES YES YES YES YES YES YES YES YES	NO NO NO NO NO NO NO NO NO NO NO	If yes, How many If yes, How many
you use to clean Automat	the filters? ic Cleaning System		N	Janual Cleaning System
	(Contractor)	-	On-Sit	•

#### IF YOU CURRENTLY ARE CONNECTED TO A GREASE TRAP – PLEASE **ANSWER QUESTIONS 20 THROUGH 25.**

#### Please complete the following for EACH installed grease trap:

20.	A. Manufacturer:	S	ize:
	Passive Automatic:	Indoor	
	Location:		
	Which Choice below best descri	ribes how often this g	grease trap is cleaned?
	Daily	Quarterly	Weekly
	Every Six Months	_ Bi-Weekly	Yearly
	Monthly		
	B. Manufacturer:	S	Size:
	Passive Automatic:	Indoor	Outdoor
	Location:		
	Which Choice below best descri	ribes how often this g	grease trap is cleaned?
	Daily	_ Quarterly	Weekly
	Every Six Months	_ Bi-Weekly	Yearly
	Monthly		Other:

### IF MORE THAN TWO GREASE TRAPS ARE INSTALLED, PLEASE ATTACH ADDITIONAL INFORMATION ON THE OTHER GREASE TRAPS AT THE END OF THIS APPLICATION.

- 21. When the indoor grease trap (AGRU) is cleaned, how do you dispose of the waste after cleaning the trap? PLEASE SELECT ONLY ONE.
  - \_\_\_\_ Trash
  - Mix with other grease stored on premises (i.e. fryolator grease):
  - Contractor/Licensed Renderer
- 22. If a Licensed Rendered Company maintains your AGRU, please provide the following information: Renderer Name:

Renderer Phone #:

23. If waste fats, oils and grease are stored on the premises from fryolators or other sources, where is this material stored?

\_\_\_\_\_ Inside Building \_\_\_\_\_ Outside Building

If an outdoor – in-ground grease trap is utilized, list the name and telephone number of 24. the company who pumps out the grease interceptor: Company Name: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

25.	Do you use additition them?	ves in your grease trap	s, floor drains, sewer	lines, etc, to help	p clean
		YES	NC	)	
	If yes, please check application:	which type and attach	the Material Safety I	Data Sheet (MSD	S) to this
		Chemicals	Bacteria		Other
26. 27.		sage per year (Refer to allons or 100 nthorized Agent:		formation):	
I, _		, certify that I am	the	of	
	(name)		(title)		
		_ and that		orized to make su	ıbmittals
to t	(business name) he Town of Canton,	WPCA, FOG Coordin	- /		and
that	t said submittals are	duly signed for and on	behalf of said corpo	(business name) rate powers.	

(Signature) Corporate Seal/Authorized Agent

Please attach a copy of the Facilities Menu and MSDS sheet(s) as described in question 25; along with a check in the amount of \$75.00 payable to the Town of Canton, WPCA with this application no later than July 1, 2011.

Please note that the Discharge of Wastewater from Unregistered Food Preparation Establishments will be in violation of the Town of Canton's Regulations and will be subjection to a fine; Violation of the State of Ct DEP General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments could be subject to action by the State of CT DEP.

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WPCA INTERNAL USE ONLY	
Date Received:	
Date Reviewed/Inspected:	
Registration Check Received:	
Date Approved:	

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