



# TOWN OF CANTON – WPCA \*\* FOG APPLICATION REGISTRATION

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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 Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Corporation

**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.**

11. Corporation Information:

President Name: \_\_\_\_\_  
President Home Address: \_\_\_\_\_  
President Contact Phone #: \_\_\_\_\_

Vice-President Name: \_\_\_\_\_  
Vice-President Home Address: \_\_\_\_\_  
Vice-President Contact Phone #: \_\_\_\_\_

Secretary Name: \_\_\_\_\_  
Secretary Home Address: \_\_\_\_\_  
Secretary Contact Phone #: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_  
Treasurer Home Address: \_\_\_\_\_  
Treasurer Contact Phone #: \_\_\_\_\_

12. Name, Title, and Home address of company owner(s) if sole proprietorship or partnership:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_



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**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: \_\_\_\_\_ Size: \_\_\_\_\_  
Passive \_\_\_\_\_ Automatic: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Location: \_\_\_\_\_  
Which Choice below best describes how often this grease trap is cleaned?  
\_\_\_\_\_ Daily \_\_\_\_\_ Quarterly \_\_\_\_\_ Weekly  
\_\_\_\_\_ Every Six Months \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Yearly  
\_\_\_\_\_ Monthly \_\_\_\_\_ Never Clean It \_\_\_\_\_ Other: \_\_\_\_\_
- B. Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
Passive \_\_\_\_\_ Automatic: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Location: \_\_\_\_\_  
Which Choice below best describes how often this grease trap is cleaned?  
\_\_\_\_\_ Daily \_\_\_\_\_ Quarterly \_\_\_\_\_ Weekly  
\_\_\_\_\_ Every Six Months \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Yearly  
\_\_\_\_\_ Monthly \_\_\_\_\_ Never Clean It \_\_\_\_\_ 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
24. If an outdoor – in-ground grease trap is utilized, list the name and telephone number of the company who pumps out the grease interceptor:  
Company Name: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_

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25. Do you use additives in your grease traps, floor drains, sewer lines, etc, to help clean them?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application:

\_\_\_\_\_ Enzymes \_\_\_\_\_ Chemicals \_\_\_\_\_ Bacteria \_\_\_\_\_ Other

26. Estimated water usage per year (Refer to water bill for this information):

Either: \_\_\_\_\_ gallons or \_\_\_\_\_ 100 cubic feet.

27. Designation of Authorized Agent:

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_ of \_\_\_\_\_ and that \_\_\_\_\_ is authorized to make submittals to the Town of Canton, WPCA, FOG Coordinator on behalf of \_\_\_\_\_ and that said submittals are duly signed for and on behalf of said corporate 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 subjected 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: \_\_\_\_\_