



FOG Control Program Permit Application

City of King
212 S. Vanderhurst Avenue
King City, CA 93930
(831) 385-3281



Facility Name: _____	*Permit No: _____ <i>(*for City office use only)</i>
Facility Address: _____	
Owner Name: _____	Phone: _____
Manager Name: _____	Phone: _____
Mailing Address: _____	Email: _____

Type of Facility

(check all that apply)

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Full Serve Rest. | <input type="checkbox"/> School/College | <input type="checkbox"/> Church/Club/ | <input type="checkbox"/> Coffee Shop |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Bakery | Organization | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Butcher shop |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Other _____ | |

Seating Capacity: _____ Number of Employees: _____

Hours *(i.e. 8am-5pm):*

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____

Types of Fixtures

(indicate quantity)

- | | | |
|--|---|---|
| <input type="checkbox"/> Deep Fryers _____ | <input type="checkbox"/> 1 Comp. sinks _____ | <input type="checkbox"/> Pre-wash sinks _____ |
| <input type="checkbox"/> Grills _____ | <input type="checkbox"/> Tilt Kettles _____ | <input type="checkbox"/> Mop sinks _____ |
| <input type="checkbox"/> Ovens _____ | <input type="checkbox"/> Garbage Grinders _____ | <input type="checkbox"/> Floor Drains _____ |
| <input type="checkbox"/> 3 Comp. sinks _____ | <input type="checkbox"/> Dishwashers _____ | |
| <input type="checkbox"/> 2 Comp. sinks _____ | <input type="checkbox"/> Wok Ranges _____ | |

Types of Grease Abatement

(indicate quantity)

- Outside Grease Interceptor _____
- Indoor Manual Grease Trap _____
- Automatic Grease Removal Device (GRD)
- Unknown None

Serviced By:

- Hauler: _____
(name & pumping interval)
- Self: _____
(how often?)
- Clean Grease Rendering Co *(for fryer oil):*

I declare under penalty of perjury that the above information is true, correct, and complete. I understand the information requested and I inspected the premises before completing this form.

Owner/Authorized Representative: _____ Title: _____
(please print)

Signature: _____ Date: _____