

City Use Only
Permit No.
Approved By

Application for Fats, Oils and Grease Waste Discharge Permit

In order for the City of Roseville to properly evaluate and process a Fats, Oils and Grease Waste Discharge Permit, the applicant must provide the following completed permit application.

- The permit must be filled out completely. Your application will be returned to you if incomplete. **Please write N/A if the requested information does not apply.**
- The permit must be signed by the Chief operating officer or Official Company Representative. The City will return the application if not signed by the proper company official.
- Permit is valid for two years.

Applicant Information

A. New permit or renewal? [] New Permit [] Renewal (Permit #) _____

B. City of Roseville Business License Number _____

C. Applicant _____
Name of Corporation, Partnership or Individual

D. Doing Business As _____
Name of Food Service Establishment (FSE) at Sewer Address Below

E. Sewer Service Address _____
Street Number and Address

F. Name of Owner or Authorized Contact _____

Mailing Address _____
Street City State Zip Code

Telephone Number () _____ Email Address _____

G. Name of Designated Representative and Signatory at the facility who has been authorized and can sign for all correspondence and reports. **All correspondence from the City will be sent to this person.**

[] Please check if this person is identified in Line C

Name _____

Address _____
Street City State Zip Code

H. Facility Contact During Inspections

Name _____

Phone Number () _____ Email _____

Facility Characteristics

I. Please check descriptions that represent your facility

Type of Food Service Establishment (FSE)	Location
<input type="checkbox"/> Fast Food Restaurant <input type="checkbox"/> Ice Cream Shop <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Sandwich <input type="checkbox"/> Doughnut Shop <input type="checkbox"/> Meat Processor <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Bakery <input type="checkbox"/> Supermarket <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Stand-Alone Restaurant <input type="checkbox"/> Hospital <input type="checkbox"/> Strip Mall <input type="checkbox"/> Nursing Home <input type="checkbox"/> Mall/Food Court <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Supermarket <input type="checkbox"/> Religious Institution <input type="checkbox"/> Office Building <input type="checkbox"/> Amusement Park <input type="checkbox"/> Detention/Prison <input type="checkbox"/> Other _____

J. Please indicate the type of equipment currently in your facility.

Food Processing Equipment				Kitchen Equipment			
	QTY		QTY		QTY		QTY
<input type="checkbox"/> Deep Fryer	___	<input type="checkbox"/> Rotisserie	___	<input type="checkbox"/> Dishwasher	___	<input type="checkbox"/> Other	___
<input type="checkbox"/> Charbroiler	___	<input type="checkbox"/> Stove	___	<input type="checkbox"/> Pre-Rinse Sink	___	_____	___
<input type="checkbox"/> Griddle	___	<input type="checkbox"/> Other	___	<input type="checkbox"/> Mop Sink	___	_____	___
<input type="checkbox"/> Grill	___			<input type="checkbox"/> Floor Drains	___		
<input type="checkbox"/> Oven	___			<input type="checkbox"/> Garbage Disposal	___		
Number of Employees				Outdoor Seating Capacity (Number)		Indoor Seating Capacity (Number)	

K. Please provide the following information for hours of operation.

Day	Hours of Operation	24 Hours	Approximate Number of Meals Daily
Monday		[] Yes [] No	
Tuesday		[] Yes [] No	
Wednesday		[] Yes [] No	
Thursday		[] Yes [] No	
Friday		[] Yes [] No	
Saturday		[] Yes [] No	
Sunday		[] Yes [] No	

Grease Removal Device Information

L. Do you have an indoor grease trap or outdoor grease interceptor?

[] Indoor Trap [] Outdoor Interceptor [] No Grease Removal Device

M. What is the capacity of the grease interceptor? _____

N. How frequently is the interceptor cleaned? _____

O. Date of last cleaning? _____

P. Company or firm who performs your grease interceptor maintenance and pumping.

Name _____

Address _____
Street City State Zip Code

Telephone Number () _____ Email Address _____

Q. Do you have a rendering bin/container for recycling used cooking oil? [] YES [] NO

R. If yes, company or firm that pumps and disposes of your yellow grease.

Name _____ Address _____

Contact Information _____

Terms and Conditions

The FOG waste discharge permit is issued to a specific FSE location named above and creates no vested rights. Access to the facility shall be granted to City of Roseville personnel to conduct inspection of the facility, and to verify compliance with the terms and conditions of this permit and Roseville Municipal Code 14.14. All provisions set forth in this application are designed to be in compliance with federal, state and local laws and regulations.

1. Grease interceptors/traps are required for food handling facilities, unless a waiver or variance (RMC 14.14.130) has been issued by the Environmental Utilities Director.
2. An FSE with a waiver or variance that has caused or contributed to a grease related Sanitary Sewer Overflow (SSO) will be required to install a grease removal device. In the event it is not practical or feasible to install a grease removal device, the FSE will be subjected to an Annual Grease Mitigation Fee
3. Grease removal devices shall be designed, constructed and installed in accordance with California Plumbing Code Title 24, Part 5 and the City of Roseville Design and Construction Standards.
4. Grease removal devices shall be maintained by:
 - a. Pumping of entire contents when grease and sludge have exceeded 25% of the capacity of the interceptor
 - b. Removal of entire contents each time the interceptor is pumped
 - c. Pumping interceptor at a minimum of 6 month intervals, or more frequently, depending on grease load from FSE
 - d. A grease hauler licensed with the California Department of Food and Agriculture.
5. The permittee shall retain pumping and maintenance records for a minimum of 3 years. These records shall be submitted quarterly to the City of Roseville and should be readily available to City personnel inspecting the facility. At a minimum, the following information is required for the reporting records:
 - a. Date of Service
 - b. Volume removed
 - c. Grease Hauler Permit number
 - d. FOG disposal destination records
6. Repeated failure to submit reports in a timely manner could result in revocation of the FOG discharge permit.
7. The permittee shall implement Best Management Practices (BMPs) in its operation to minimize the discharge of FOG to the sewer system pursuant to RMC 14.14.060
8. The permittee shall notify the City of Roseville Wastewater Collection Division at 916-746-1890 of any of the following:
 - a. Sale, lease or transfer of the operation for which the permit was issued.
 - b. Change of facility name
 - c. Changes to grease removal device or remodels, additions or alterations to FSE greater than \$20,000
 - d. Any SSO or blockage that would contribute to an SSO

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Certification

5. *By signing below, I certify I have examined and am familiar with the information submitted in the attached document and under penalty of law, the submitted information is true, accurate and complete. I am aware there are penalties for submitting false information, including the possibility of fine. I certify that I have read and are familiar with the Roseville Municipal Code 14.14, and upon issuance of the permit, this FSE and its resulting discharge will achieve consistent compliance with the City of Roseville’s FOG Ordinance. Otherwise I understand I am subject to fines and penalties subsequent to Roseville Municipal Code 14.14.360*

Name (Please Print)

Title

Signature

Date

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Application Received Date	Fee Received Date	Permit Issued Date	Permit Number	Issued By