



Lexington Fayette Urban County Government
Division of Water Quality
FATS, OIL and GREASE PERMIT APPLICATION FORM

Please choose one description that best describes your facility:

- New Food Service Establishment Existing Food Service Establishment
Modification to existing Food Service Establishment

Section A - Facility Information:

1. Facility Name _____
2. Facility Street Address _____ Zip _____
Facility Phone Number _____
3. Business Mailing Address (if different from 2. above)
Street: _____ Zip _____
4. Owner of Premises (if different than facility)
Name _____
Address _____ Zip _____
Telephone Number _____ Email Address _____
5. Designated signatory authority of the facility
Name _____
Title _____
Address _____ Zip _____
Telephone Number _____ Email Address _____
6. Designated Facility Contact
Name _____
Title _____
Address _____ Zip _____
Telephone Number _____ Email Address _____
7. Corporate Contact
Name _____
Title _____
Address _____ Zip _____
Telephone Number _____ Email Address _____

Section B – Facility Operational Characteristics:

1. Please choose one description that best describes your facility:

- | | | |
|-------------------------|-------------------------|--------------------------|
| Fast Food Restaurant | Full Service Restaurant | Nursing home |
| Drive through (only) | Concession Stand | Hotel/Motel |
| Coffee Shop | Bakery | Supermarket |
| Religious Institution | School/College | Club/Organization |
| Company/Office Building | Ice Cream Shop | Hospital |
| Caterer | Bar/Lounges | Convenience Stores |
| Meat Markets | Cafeteria | Fruit & Vegetable Market |
| Other _____ | | |

2. Please indicate each item that you currently or will have in your facility and the quantity of each:

- | | | |
|--------------------------|---------------------------|------------------------|
| ___ Grill | ___ Oven | ___ Dishwasher |
| ___ Pre Rinse/Spray Sink | ___ Mop Sink | ___ Deep Fryer |
| ___ Floor Drains | ___ Tilt Kettle/Crock Pot | ___ Garbage Disposal |
| ___ Three Bay Sink | ___ Two Bay Sink | ___ Single Bay Sink |
| ___ Hand Sinks | ___ Other Equipment | ___ Chinese Wok/Cooker |

3. Method of service: Washable Plates ___ Disposable Plates/Baskets ___ Carry-Out Only ___

4. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.

5. What is the seating capacity at your facility? _____

6. Estimated average meals per day. _____

7. Please fill in each day and hours of operation that your facility is open.

Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____

Section C– Treatment:

1. Do you have a grease interceptor at your facility? _____

2. Complete the following for all grease removal device(s) and attach manufacturer’s specifications for all internal and external interceptors.

a. Make and Model _____
 Capacity (gal) _____ or (lb) _____
 Passive _____ or Automatic _____
 Indoor _____ or Outdoor _____
 Cleaning frequency _____
 Location _____
 (under 3-bay sink, in basement, outside in ground, etc)

b. Make and Model _____
 Capacity (gal) _____ or (lb) _____
 Passive _____ or Automatic _____
 Indoor _____ or Outdoor _____
 Cleaning frequency _____
 Location _____
 (under 3-bay sink, in basement, outside in ground, etc)

c. Make and Model _____
 Capacity (gal) _____ or (lb) _____
 Passive _____ or Automatic _____
 Indoor _____ or Outdoor _____
 Cleaning Frequency _____
 Location _____
 (under 3-bay sink, in basement, outside in ground, etc)

3. If the INDOOR grease interceptor (trap) is being maintained onsite, how do you dispose of the waste after cleaning the device?

Trash Contractor disposes of grease Recycle Other _____

4. If a contractor(s) cleans the INDOOR or OUTDOOR grease removal device(s), please list the following:

a. Contractor Name _____
 Address _____
 Telephone Number _____

b. Contractor Name _____
 Address _____
 Telephone Number _____

5. Are there any additives placed in the plumbing, grease interceptor (trap) (i.e. enzymes, bacteria, etc)?

Yes No

6. If yes to question 5 above, please attach a Material Safety Data Sheet (MSDS) to this application for each additive used.

7. Please attach a copy of your menu to the application.

Section D – Additional Information:

Section E – Authorized Representative Statement:

I hereby certify that the above information is accurate. I acknowledge that changes in cooking methods, volumes and hours of operations will require re-application and possible increase in the size or type of grease interceptor. I certify the internal grease interceptor will be cleaned in accordance with manufacturer specifications a minimum of once per week or more frequently if required by the permit, and at least once every six months for external grease interceptors or more frequently if required by the permit. I certify that all staff will use best management practices as pertaining to disposal and handling of grease, fats and oils. I acknowledge that the required cleaning frequency can be changed at any time by the Division of Water Quality.

Signature _____ Date _____

Printed _____

Please mail application to:

Division of Water Quality
 Attn: FOG Program
 125 Lisle Industrial Ave., Ste. 180
 Lexington, KY 40511

If you have questions or concerns, please contact an Environmental Inspector within the FOG Program at (859) 425-2400 or at FOG@lexingtonky.gov.