



# FATS, OILS AND GREASE REGISTRATION CERTIFICATE APPLICATION FORM

## INSTRUCTIONS

All Food Service Establishments (FSEs) connected to the City of Elkhart's sewer system are required to register their establishment with the City of Elkhart's Public Works and Utilities (PWU). If this FSE is not connected to the City of Elkhart's sewer system, completion of this application is not required.

To aid in the opening of a new food service establishment, this application has been divided into two main Parts. **A complete application includes Part 1 and Part 2 and must be submitted no less than 30 calendar days prior to commencing food preparation activities.** To determine a FSE's Category, Part 1 can be submitted prior to Part 2. Once received and reviewed by Public Works, the FSE will be notified of the Category and minimum grease control device requirements. In addition, if the FSE is involved in the City's Tech Review Process, Part 1 must be submitted. Part 2 can then be filled out with the appropriate information including the grease control device information.

Please refer to the following definitions when filling out this form.

Authorized Representative of the Food Service Establishment (FSE) means the following:

(a) If the FSE is a corporation:

- (1) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- (2) The manager of one or more operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual FOG Registration requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) If the FSE is a partnership or sole proprietorship: a general partner or proprietor, respectively.

(c) If the FSE is a Federal, State, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee. (d) The individuals described in paragraphs (a) through (c), above, may designate a duly authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the Director.

Designated Facility Contact is the person responsible for day to day activities and operation of the FSE.

Existing FSE means a Food Service Establishment that is in operation on the effective date of this Ordinance.

New FSE means a Food Service Establishment that begins operation after the effective date of this Ordinance.

## General FOG Program Reminders:

### Grease Trap & Interceptor Cleaning and Maintenance

FSEs are required to obtain and maintain a copy of cleaning and maintenance records of all grease control devices including grease traps (inside), grease interceptors (outside) and cooking oil/grease dumpsters, on site for a minimum of 3 years. This may be a log or the waste hauler's manifest. Please refer to the table below for the minimum requirements.

	Grease Trap or Interceptor	Cooking Oil or Grease Dumpster
Name and address of person cleaning or hauling company.....	✓	✓
Name and signature of person performing the maintenance.....	✓	✓
Documentation of full pump-out with volume of FOG, water and solids removed .....	✓	✓
Documentation of the amount found in each device of each of the following found in each device:		
floating FOG.....	✓	
water.....	✓	
settled solids.....	✓	
Documentation if repairs to the FOG Control Device or dumpster are required or performed.....	✓	✓
Identification of the where the contents are disposed.....	✓	✓



# FATS, OILS AND GREASE REGISTRATION CERTIFICATE APPLICATION FORM

**PLEASE PRINT CLEARLY!**

- **PART 1-must be completed for Tech Review and for Pretreatment staff to determine what grease control device(s) may be required.**
- **The completed application (Parts 1 & 2 and all required attachments) is required to be submitted at least 30 days prior to commencing food preparation activities.**

Is this application for a (select ONE):

- New FSE in a new building
- New FSE in an existing building
- New FSE due to a transfer of ownership.  
\*Please note: The application is due within 15 days of notification of the transfer of ownership.
- Existing FSE not previously registered.

## PART 1

### SECTION A - General Information

Name of Food Service Establishment (FSE): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Website of FSE: \_\_\_\_\_

Email Address of FSE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*All written communication will go directly to the physical address of the FSE, unless clearly noted by the FSE.*

**Business Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

This FSE is the owner of the building:  Yes  No

If no, please complete the following:

Landlord/Property Owner Name: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

**Name of Owner of FSE:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select the best method for contacting the owner of the FSE:

Physical address of FSE       Business address of FSE       Neither, complete below:

Owner of FSE: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

**Authorized Representative of the Facility:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Designated Facility Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Additional Information:**

Will this site be connected to City water?  Yes  No  
If yes, is there an existing connection?  Yes  No  
Or will this site be proposing a new sewer connection?  Yes  No  
What is your expected average monthly water usage? \_\_\_\_\_ Gallons  
What is your expected maximum monthly water usage? \_\_\_\_\_ Gallons  
Expected opening date: \_\_\_\_\_  
If this is a transfer of ownership, when did (or when will) the transfer occur? \_\_\_\_\_  
For existing FSE's not previously registered, when did this FSE begin operations under the current owner? \_\_\_\_\_

**SECTION B – Operation and Facility Information**

Please choose those that best describe your facility:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bakery                 | <input type="checkbox"/> Drive Thru (only) | <input type="checkbox"/> Ice Cream Shop             |
| <input type="checkbox"/> Cafeteria              | <input type="checkbox"/> Fast Food         | <input type="checkbox"/> Meat Processor             |
| <input type="checkbox"/> Catering (inc. mobile) | <input type="checkbox"/> Food Packager     | <input type="checkbox"/> Nursing Home               |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> School                     |
| <input type="checkbox"/> Club/Organization      | <input type="checkbox"/> Full Service      | <input type="checkbox"/> Seasonal Supermarket       |
| <input type="checkbox"/> Coffee Shop            | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Wholesale Food Preparation |
| <input type="checkbox"/> Correctional Facility  | <input type="checkbox"/> Hotel/Motel       |   |
| <input type="checkbox"/> Other, specify: _____  |  |   |

Please select the ONE that best describes your operation:

- Full kitchen that serves food on dishes that are washed on site
- Full kitchen that serves food on disposable dishes or dishes not washed on site
- Prepares prepackaged food and serves food on dishes that are washed on site
- Prepares prepackaged food and serves food on disposable dishes
- Limited use kitchen-carry-in for prep and clean-up

**PLEASE PRINT CLEARLY!**

**Operating Hours & Number of Meals Served:**

Please indicate, in the table below, the hours of operation (including preparation and clean up time) as well as the typical number of meals served on each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b> (ex. 10am-11:30pm)							
<b>Avg. # of Meals</b>							

Number of meals served during busiest hour of day: \_\_\_\_\_

Facility seating capacity: \_\_\_\_\_

Number of employees on largest shift: \_\_\_\_\_

Will take out or carry out service be available?  Yes  No

**Equipment & Serving Information**

Please check all that apply and indicate the quantity & dimensions of each item as applicable:

- Dishwasher (attach specifications) \_\_\_\_\_ Quantity  
Establishments beginning operation after June 1, 2015 are not allowed to install a garbage disposal or food grinder.
- Garbage Disposal or Food Grinder \_\_\_\_\_
- 3-Basin Sink \_\_\_\_\_ Quantity & length, width & depth of bowl(s)
- 2-Basin Sink \_\_\_\_\_ Quantity & length, width & depth of bowl(s)
- 1-Basin Sink \_\_\_\_\_ Quantity & length, width & depth of bowl
- Hand Sink \_\_\_\_\_ Quantity & length, width & depth of bowl
- Mop Sink \_\_\_\_\_ Quantity & length, width & depth
- Grill \_\_\_\_\_ Quantity
- Stove/Oven \_\_\_\_\_ Quantity
- Wok Station (attach specifications) \_\_\_\_\_ Quantity
- Deep Fryer \_\_\_\_\_ Quantity  
If checked: Is it used for daily food preparation?  Yes  No
- Floor Drains \_\_\_\_\_ Quantity
- Drive-Thru \_\_\_\_\_
- Other fixtures: \_\_\_\_\_

**SECTION D – Part 1 Certification**

I certify that the information submitted is true, accurate and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

## PART 2

***The following sections are required to be submitted at least 30 days prior to commencing food preparation activities.***

### SECTION E - Water Supply

Name as it appears on the Elkhart Public Works & Utilities Water/Sewer bill:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Elkhart Public Works Water/Sewer Account Number(s):

\_\_\_\_\_

If there are any additional account numbers associated with this FSE please attach a separate piece of paper with the above information.

### SECTION F – Facility Information

Please attach the following documents to the application:

Site and plumbing plan(s) for all buildings, structures, facilities or installations that discharge or may discharge into the City's sewer system

The site plan or site map should indicate where the various areas of the establishment are located. These areas should include the outside property areas including parking lot, outdoor fixtures as well as inside features such as dining room, kitchen, bathroom, office, store room, etc. If you do not have a professionally drawn copy, one drawn on the computer or by hand will be adequate.

Plumbing plans should include floor diagrams, sewer connections, grease traps, sink drains, floor drains, dishwashers, restrooms, etc. If there are multiple FOG control devices planned, label appropriately and use the same references in Section G of this application.

All proposed menus for this facility.

### SECTION G - Treatment or FOG Control

Grease Trap       Grease Interceptor       Both       None

Brand Name: \_\_\_\_\_

Model: \_\_\_\_\_

For grease traps: \_\_\_\_\_ For grease interceptor: \_\_\_\_\_  
Flow Rate (GPM): \_\_\_\_\_ Capacity (gallons): \_\_\_\_\_

Location: \_\_\_\_\_

Devices/Fixtures Connected to FOG Control Device:

\_\_\_\_\_

Cleaning Frequency: \_\_\_\_\_

\_\_\_\_\_

\*If there are additional FOG control devices, please attach a separate piece of paper with the above information included for each additional device.

**PLEASE PRINT CLEARLY!**

City of Elkhart FOG Registration Certificate Application

If the **INDOOR** grease trap will be maintained in-house, how will the waste be disposed after cleaning the trap?

- Trash     Contractor disposes of grease     Recycle  
 Other: \_\_\_\_\_

**Grease Trap/Interceptor Hauler Information:**

If a contractor(s) will clean the grease trap and/or interceptor, please provide the following:

Contracting Company Name: \_\_\_\_\_  
Contact Name (if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number of Hauler: \_\_\_\_\_

**Note:** Records of cleaning/pumping all grease control device **MUST** Be kept on site for a minimum of 3 years. Please refer to the overview sheet of this application for more information.

**Additive Information:**

Will this facility use any additives in the plumbing, grease interceptor or grease trap (i.e., enzymes, bacteria, etc.)?

- Yes     No

If yes, please complete the following table and attach a Safety Data Sheet for each product.

Location	Additive Name	Amount Added	Additive Frequency

If your facility has grills/ovens what type of exhaust cleaning system do you use?

- Automatic     Manual     Not Sure     Not Applicable

Does your facility recycle fryer oil?

- Yes\*     No\*\*     Not Applicable

\*If yes:

Recycling Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number of Hauler: \_\_\_\_\_

\*\*If no, what do you do with your spent oil?

Is there a recycling container on-site?     Yes     No

If yes, where is it located? \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

**Spill Contingency Plan:**

All FSEs are **required** to have a FOG Spill Contingency Plan. Please attach a copy of your FOG Spill Contingency Plan to this application. At a minimum, this plan should include the following information:

- How are you going to prevent the spill from going down any floor or storm drains on the property?
- How will spill clean-ups be handled?
- What will be done with the mop water and any rags or other supplies used in cleaning the spill?

Do you have an oil spill clean-up kit?

Yes       No

**SECTION H - Additional Information**

Is there any additional information or unique circumstances regarding the facility or property that the City should be aware of (such as apartments connected to or in the same building as the FSE, additional sources of waste water beyond those of the FSE)?

\*Please attach additional sheets if necessary.

**SECTION I - Certification**

Please initial each appropriate line to indicate the following attachments have been included with the application:

**Required Documents:**

- \_\_\_\_\_ Site Plan (Section F)
- \_\_\_\_\_ Plumbing Plan (Section F)
- \_\_\_\_\_ All menus for FSE's (Section F)
- \_\_\_\_\_ Spill Contingency Plan (Section G)

**Additional Documents (As Needed):**

- \_\_\_\_\_ Additional Water/Service Account Information (Section E)
- \_\_\_\_\_ Additional Interceptor Information (Section G)
- \_\_\_\_\_ Safety Data Sheets (Section G)

I certify that the information submitted is true, accurate and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Please Return This Form & Associated Documents To:**

Elkhart Public Works & Utilities  
 Pretreatment Division  
 1201 S. Nappanee St.  
 Elkhart, IN 46516  
[pretreatment@coei.org](mailto:pretreatment@coei.org)