



FATS, OILS & GREASE REGISTRATION CERTIFICATE RENEWAL APPLICATION

Instructions:

All Food Service Establishments (FSEs) must RENEW their Fats, Oil and Grease (FOG) Certificate every three years. All sections of this application must be completed by an authorized representative of the FSE requesting a Registration Certificate in order for the City of Elkhart to properly process this application. Questions regarding this form and the Fats, Oil and Grease program should be directed to PWU's Pretreatment Division at 574-293-2572.

Certificate Renewal Application Submission Time Frame:

Certificate Renewal Applications must be submitted at least 180 days (6 months) prior to the expiration of the existing certificate. In addition, Certificate Renewal Applications may not be submitted more than 270 days (9 months) prior to the expiration of the existing certificate.

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 of each of the following:		
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.....	✓	✓

Change in the Authorized Representative

If there is a change in the designated authorized representative of the FSE, an FSE is required to notify Elkhart Public Works & Utilities within 15 calendar days of when the authorized representative will change to another person. In addition, the new authorized representative shall notify the utility within 15 calendar days after assuming responsibility.

Remodeling, Renovations, Improvements to the FSE, Expansions, Changes to the Menu or Changes in Serving Hours

If any of these situations occur, please notify PWU, who will determine if any changes or upgrades will be required to your grease control device.

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FATS, OILS AND GREASE REGISTRATION CERTIFICATE RENEWAL APPLICATION

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SECTION A - General Information

Name of FSE: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Website of FSE: _____

Email Address of FSE: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

If neither, please complete the following:

Owner of FSE: _____

City: _____ State: _____ Zip Code: _____

Telephone Number FSE Owner: _____

Authorized Representative of the Facility:

Name: _____ Title: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

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City of Elkhart FOG Registration Certificate RENEWAL Application

Designated Facility Contact:

Name: _____ Title: _____
Address: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Date the existing FOG Certificate expires: _____

Does this establishment currently have a FOG Variance? Yes No

*If yes, briefly describe:

SECTION B - Operation

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
Hours (ex. 10am-11:30pm)							
Avg. # of Meals							

Number of meals served during busiest hour of day: _____

Number of employees on largest shift: _____ Facility seating capacity: _____

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

Is take out or carry out service available? Yes No

Current menu(s) are attached to this application. **REQUIRED**

Since your last application was submitted, has there been:

- any remodeling or expansions? Yes* No
- any upgrades or changes in food service equipment? Yes* No

*If yes, please submit an updated site and plumbing plan showing the new equipment as well as attach a sheet detailing the changes made.

PLEASE PRINT CLEARLY!

Equipment & Serving Information:

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

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

SECTION C - FOG Control

Does this establishment have a:

Grease Trap Grease Interceptor Both None

Has a new or additional grease control device (grease trap or interceptor) been installed since the last application was submitted? Yes* No

*If yes, please complete the following:

<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Both	<input type="checkbox"/> None
Brand Name or manufacturer: _____			
<i>For grease traps:</i>		<i>For grease interceptor:</i>	
Flow Rate (GPM): _____		Capacity (gallons): _____	
Model: _____			
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.			

Is the grease control device (GCD) maintained in-house or by an outside company?

In-House* Outside Company* No GCD

REMINDER! Records of cleaning all grease control devices MUST be kept on site for a minimum of 3 years. Please refer to the overview sheet of this application for more information.

*Please attach a copy of your most recent maintenance log. If your GCD is maintained by an outside company, attach a copy of your most recent invoice or manifest. Attached

PLEASE PRINT CLEARLY!

Additive Information:

Does your facility use any additives in the plumbing or GCD (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

Does your facility recycle fryer oil?

Yes* No** Not Applicable

*If yes, attach a copy of your most recent invoice or manifest. Attached

REMINDER! Records of fryer oil recycling MUST be kept on site for a minimum of 3 years. Please refer to the overview sheet of this application for more information.

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

SECTION D - Additional Information & Certification

Check below if any of the following has changed since the last application was submitted. If checked, please include an updated copy.

Site Plan Plumbing Plan Spill Contingency Plan

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)?

Yes* No

*If so, attach an explanation to this application.

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

Fax: 574-975-2715

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City of Elkhart FOG Registration Certificate RENEWAL Application