



# APPLICATION FOR FATS, OILS, AND GREASE (FOG) WASTEWATER DISCHARGE PERMIT FOR FOOD SERVICE ESTABLISHMENTS

**Instructions:** For the Camarillo Sanitary District (CSD) to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Discharge Permit, the applicant must provide a complete permit application.

- ▶ The Permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. **Please write N/A if the information being requested does not apply.**
- ▶ The Permit Application must be signed by an official company representative. CSD will return your permit application if it is not signed by the proper company official.
- ▶ The permit fee (\$100) is due at the time the permit application is submitted. Make checks or money orders payable to: Camarillo Sanitary District. Mail application with payment to: Camarillo Sanitary District, P.O. Box 248, Camarillo, CA 93011-0248. Permit application and payment submittal can also be made in person at City Hall's Cashier Station. Call the Source Control Inspector with questions at: (805) 383-5663.

Refer to Appendix A of the General Information Brochure for instructions on how to fill out this application. CSD **will not** process incomplete Permit Applications. Clearly print or type the information requested.

## Section I – General Information

A Applicant \_\_\_\_\_  
Name of Corporation, Partners, or Individual

B Doing Business as \_\_\_\_\_  
Name of Food Service Establishment at Sewer Service Address Below

C Sewer Service Address  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

D Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

E Is your establishment a  sole proprietorship?  partnership?  corporation?

F Name of Owner, General Partner, or Chief Executive Officer  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

G Name of Designated Representative and Signatory for the facility who can be served with notices and is responsible for signing all correspondence and reports. **All correspondence, including certified mail, will be sent to this representative.**  
 Please check if this is the same person identified in Line F or provide the information below:  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

H Facility Contact During Inspections  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Section II – Facility Operational Characteristics

I Please check descriptions that represent your facility.

Type of Food Service Establishment		Location	
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Stand-alone Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cocktails/Bar	<input type="checkbox"/> Strip Mall	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Buffet	<input type="checkbox"/> Catering	<input type="checkbox"/> Mall/Food Court	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Take Out Facility (only)	<input type="checkbox"/> Food Packager	<input type="checkbox"/> School	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Club/Organization	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Bakery		<input type="checkbox"/> Company/Office Building	<input type="checkbox"/> Prison
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other _____	<input type="checkbox"/> Stadium/Amusement Park	<input type="checkbox"/> Other _____

J Please indicate each item that you currently have in your facility and the quantity of each.

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 Equipment (list below) _____ _____	_____
<input type="checkbox"/> Charbroiler	_____	<input type="checkbox"/> Stove	_____	<input type="checkbox"/> Pre-rinse sink	_____		_____
<input type="checkbox"/> Griddle	_____	<input type="checkbox"/> Wok	_____	<input type="checkbox"/> Mop Sink	_____		_____
<input type="checkbox"/> Grill	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Floor Drains	_____		_____
<input type="checkbox"/> Oven	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Garbage Disposal	_____		_____

K Please indicate operating schedule:

Days of Operation	Hours of Operation					
Monday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Tuesday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Wednesday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Thursday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Friday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Saturday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed
Sunday	Start: _____	Stop: _____	Start: _____	Stop: _____	or <input type="checkbox"/> 24 Hours	or <input type="checkbox"/> Closed

L Please provide the following miscellaneous information regarding your operations:

Miscellaneous Information			
No. of Employees	_____	Do you wash plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Inside)	_____	Chain Status	<input type="checkbox"/> Chain <input type="checkbox"/> Independent
Seating Capacity (Outside)	_____	Seating	<input type="checkbox"/> Sit-down <input type="checkbox"/> Take-out <input type="checkbox"/> Both
Average no. of meals served during peak hour	_____		

### Section III - Facility Information

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- M Are you currently operating your business?  Yes  No  
If the answer is No, indicate the date you plan to begin operation: \_\_\_\_\_
- N Do you have the intention of expanding business by adding additional seating, adding kitchen fixtures, or changing the type of food served anytime within the next year?  Yes  No
- O Do you have a grease interceptor or grease trap in this facility?  Yes  No  
If the answer is Yes, indicate the liquid holding capacity in gallons: \_\_\_\_\_
- P Is more than one facility connected to the same grease interceptor?  Yes  No  
If the answer is Yes, what is the name of the person responsible to manage the service of the grease interceptor?  
\_\_\_\_\_

Q Property Owner

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

### Section IV - Certification

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*I have personally examined and I am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment..*

*I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with CSD's FOG Ordinance and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.*

R Certification of Owner, a General Partner, or Chief Executive Officer

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

### Section V – Contact for this Application

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S Name of the person to contact concerning information provided in this application

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street City State Zip Code