



**City of Manteca Public Works WQCF**  
1001 W. Center Ave.  
Manteca, CA 95337  
(209) 456-8470

**FOG Application Form**  
Fats, Oils and Grease (FOG) Program  
City of Manteca Ordinance 13.20.110

**APPLICATION FOR FATS, OILS, AND GREASE (FOG)  
WASTEWATER DISCHARGE PROGRAM FOR FOOD SERVICE ESTABLISHMENTS (FSE)**

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**INSTRUCTIONS: The following City of Manteca of Manteca Fats, Oils, and Grease (FOG) Wastewater Discharge program application must be completed.**

- The application form must be filled out completely. Your application will be returned if there is any missing information. **Please write N/A if the information being requested does not apply.**
- The application must be signed by an official company representative. City of Manteca will return your application if it is not signed by the proper company official.

**SECTION I – General Information**

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

B. Doing Business as: \_\_\_\_\_

C. City of Manteca Business License #: \_\_\_\_\_

D. Sewer Service Address: \_\_\_\_\_  
Street City State Zip Code

E. Phone Number: ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

F. Is your establishment a ( ) Sole proprietorship? ( ) Partnership? ( ) Corporation? ( ) Other \_\_\_\_\_

G. Name of Owner, General Partner, or Chief Executive Officer:

|              |            |       |          |
|--------------|------------|-------|----------|
| _____        |            |       |          |
| Name         | Title      |       |          |
| _____        |            |       |          |
| Street       | City       | State | Zip Code |
| _____        |            |       |          |
| Phone Number | Fax Number |       |          |

H. 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 G or provide the information below:

|              |  |            |                |
|--------------|--|------------|----------------|
| Name         |  | Title      |                |
| Street       |  | City       | State Zip Code |
| Phone Number |  | Fax Number |                |

I. Facility Contact during Inspections:

|              |  |            |  |
|--------------|--|------------|--|
| Name         |  | Title      |  |
| Phone Number |  | Fax Number |  |

**SECTION II – Facility Operational Characteristics**

J. Please check description that best represent your facility (check all that apply):

| 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"/> Cocktail/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"/> Other _____    | <input type="checkbox"/> Company/Office Building | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Cafeteria                |   |  |  |

K. 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   |
| ( ) Deep Fryer            | _____ | ( ) Rotisserie                      | _____ | ( ) Dishwasher     | _____ | ( ) Garbage Disposal                | _____ |
| ( ) Char broiler          | _____ | ( ) Wok                             | _____ | ( ) Pre-Rinse sink | _____ | ( ) Other Equipment<br>(List Below) | _____ |
| ( ) Griddle               | _____ | ( ) Other Equipment<br>(List Below) | _____ | ( ) Mop Sink       | _____ |                                     |       |
| ( ) Stove                 | _____ |                                     |       | ( ) Floor Drains   | _____ |                                     |       |
| ( ) Oven                  | _____ |                                     |       |                    |       |                                     |       |

L. Please indicate the operating schedule:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

M. Please provide the following miscellaneous information regarding your operations:

| Miscellaneous Information                        |  |                    |                                       |
|--|--|--------------------|---------------------------------------|
| Number of Employees                              |  | Do you wash plates | ( ) Yes ( ) No                        |
| Seating Capacity (inside)                        |  | Chain Status       | ( ) Chain<br>( ) Independent          |
| Seating Capacity (outside)                       |  | Seating            | ( ) Sit-down ( ) Take-Out<br>( ) Both |
| Average Number of Meals Served during peak hours |  |                    |                                       |

**SECTION III-Facility Information**

N. Are you currently operation your business from the sewer address indicated? ( ) Yes ( ) No

If the answer in NO, indicate the date you plan to begin operation: \_\_\_\_\_

O. Do you have a grease interceptor/trap in this facility? ( ) Yes ( ) No

**If yes a Grease Interceptor/Trap Certification Form will be required to be filled out.**

P. Property Owner:

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|      |       |  |  |
|------|-------|--|--|
| Name | Title |  |  |
|------|-------|--|--|

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|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

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|              |            |  |  |
|--------------|------------|--|--|
| Phone Number | Fax Number |  |  |
|--------------|------------|--|--|

**SECTION IV-Certification**

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I certify that I have received, read, and familiar with Ordinance 13.20.110 of The City of Manteca and I have personally examined and am familiar with the information submitted in the attached document. I hereby certify under penalty of perjury under the laws of the State of California that the submitted information is true, accurate and complete. I am aware that there is the possibility of fines and penalties for submitting false information. I also understand that providing false or inaccurate information on this permit application is ground for revocation from the FOG wastewater discharge program by the City of Manteca.

Q. Certification of Owner, a General Partner of Chief Executive Officer:

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|      |       |  |  |
|------|-------|--|--|
| Name | Title |  |  |
|------|-------|--|--|

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|           |      |  |  |
|-----------|------|--|--|
| Signature | Date |  |  |
|-----------|------|--|--|

**SECTION V-Contact for this Application**

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R. Name of the person to contact concerning information provided in this application:

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|      |       |  |  |
|------|-------|--|--|
| Name | Title |  |  |
|------|-------|--|--|

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|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

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|              |            |  |  |
|--------------|------------|--|--|
| Phone Number | Fax Number |  |  |
|--------------|------------|--|--|

**Please return to the City of Manteca within 14 days of receiving this application to:**

**City of Manteca  
Department of Public Works (WQCF)  
FOG Compliance Program**