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FOG Discharge Permit Application

Please Print or Type

Name of Business: _____

Nature of Business: ☐ Bakery ☐ Bar ☐ Caterer ☐ Club/Organization

☐ Coffee Shop ☐ Company/Office Kitchen ☐ Convenience Store Deli ☐ Fast Food

☐ Guest House ☐ Hospital ☐ Hotel/Motel ☐ Restaurant, Full Service

☐ School/College/Kitchen ☐ Supermarket ☐ Other (Please Specify): _____

Physical Address: _____

Property Owner: _____

Phone: _____ Email: _____

Mailing Address: _____

Business Owner: _____

Phone: _____ Email: _____

Mailing Address: _____

Does this Business pay the water bill to MCWD directly? ☐ Yes ☐ No

Business Manager: _____ Kitchen Manager: _____

Phone: _____ Phone: _____

Email: _____

Months of Operation: ☐ Year Round ☐ January ☐ February ☐ March ☐ April

☐ May ☐ June ☐ July ☐ August ☐ September ☐ October

☐ November ☐ December

Days of Operation: _____ Hours of Operation: _____

Number of Seats Inside: _____ Number of Seats Outside: _____

Do you have: ☐ Flatware ☐ Dishes ☐ Pots ☐ Frying Pans ☐ Grill

Dishwasher: ☐ Yes ☐ No If YES, drains to interceptor? ☐ Yes ☐ No

Deep Fryer: ☐ Yes ☐ No If YES, how many? _____

Garbage Disposer/Grinder: ☐ Yes ☐ No If YES, Size (HP): _____

Hydro Mechanical Grease Interceptor (Inside): ☐ Yes ☐ No

Gravity Grease Interceptor (Outside): ☐ Yes ☐ No