



FORKS TOWNSHIP

1606 Sullivan Trail
Easton, PA 18040-8398
610-252-0785
www.forktownship.org

FORKS TOWNSHIP

APPLICATION - FATS, OILS, AND GREASE (FOG) WASTEWATER DISCHARGE 1 YEAR PERMIT

INITIAL FEE: \$150.00

ANNUAL FEE: \$100.00

PERMIT #
DATE:

For Forks Township to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, 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. Forks Township will return your permit application if it is not signed by the proper company official.

The permit fee is due at the time the permit application is submitted. An application received without remittance will be returned. All required Drawings, Information, etc., must be submitted with this application along with the registration form that was mailed to all Class 1 Class 2 Producers along with a copy of the FOG Ordinance.

Forks Township will not process incomplete Permit Applications.

SECTION 1 General Information

A. APPLICANT (Corporation or Food Service Establishment Name)

B. DOING BUSINESS AS (Food Service Establishment Name used at Sewer Service Address Listed Below)

C. SEWER SERVICE ADDRESS (Street, City, State, Zip Code)

D. PHONE NUMBER FAX NUMBER EMAIL ADDRESS

E. IS YOUR ESTABLISHMENT A SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

F. NAME OF OWNER, A 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 **Section 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 FAX NUMBER

SECTION 2

FACILITY OPERATIONAL CHARACTERISTICS

I. PLEASE CHECK DESCRIPTION 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 Attached	<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"/> Prison
<input type="checkbox"/> Cafeteria		<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.	Qty.	
<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Other Equipment	
<input type="checkbox"/> Charbroiler	<input type="checkbox"/> Stove	<input type="checkbox"/> Pre-rinse sink	(list below)	
<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"/> Garbage Disposal		

K. PLEASE INDICATE OPERATING SCHEDULE

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

L. PLEASE PROVIDE THE FOLLOWING LMISCELLANEOUS INFORMATION REGARDING YOUR OPERATIONS:

No. of Employees	Do you wash plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Inside)	Chain Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 3**FACILITY INFORMATION**

M. DO YOU HAVE A GREASE TRAP AND/OR INTERCEPTOR

 YES NO

N. PROPERTY OWNER

Name

Street

City

State Zip Code

Phone Number

Fax Number

SECTION 4**CERTIFICATION**

O. I have personally examined and 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 COS'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.

CERTIFICATION OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name

Title

Signature

Date

SECTION 5**CONTACT INFO**

P. NAME OF PERSON TO CONTACT CONCERNING INFORMATION PROVIDED IN THIS PERMIT APPLICATION

Name

Street

City

State Zip Code

Phone Number

Fax Number

DEPARTMENT USE ONLY

PERMIT NO.	RECEIVED BY	DATE	FEES RECEIVED	REGISTRATION NO.
INITIAL INSPECTION COMPLETED BY:		DATE	NAIC #	
APPROVED BY		DATE	CONDITIONS	