



CITY OF RIVERBANK - PERMIT APPLICATION

Food Service - FATS, OILS AND GREASE (FOG)

6707 Third Street, Riverbank, CA 95367
 Telephone: 209-863-7127 Fax: 209-869-1849

Applicant Business Name: _____ Phone No.: _____
 Address of Business: _____ Fax No.: _____
 Business Owner: _____ Phone No.: _____
 Landlord / Property Manager: _____ Phone No.: _____
 Mailing Address: _____
 Number of Employees: _____ Seating Capacity: _____

Hours of Operation:

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
| | | | | | | |

TYPE OF FACILITY

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Hospital | <input type="checkbox"/> Church | <input type="checkbox"/> Coffee Shop |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> School / College | <input type="checkbox"/> Club / Organization | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Carry Out | <input type="checkbox"/> Bakery | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Food Packager |

TYPE OF FIXTURES (check all that apply)

| | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Deep Fryers | <input type="checkbox"/> 3-compartment sinks | <input type="checkbox"/> Tilt Kettles / Crock Pot | <input type="checkbox"/> Wok Ranges |
| <input type="checkbox"/> Grills | <input type="checkbox"/> 2 compartment sinks | <input type="checkbox"/> Garbage Grinders | <input type="checkbox"/> Pre-wash sinks |
| <input type="checkbox"/> Ovens | <input type="checkbox"/> 1 compartment sinks | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Mop sinks |
| <input type="checkbox"/> Rotisserie | <input type="checkbox"/> Hot Dog Roller | <input type="checkbox"/> Mats | <input type="checkbox"/> Hand Wash Sink |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Garbage Disposal | | |

TYPE OF GREASE ABATEMENT (check all that apply)

| | | | |
|---|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> Outside Grease Interceptor | <input type="checkbox"/> Manual Grease Trap | <input type="checkbox"/> Both | <input type="checkbox"/> None |
| Make: _____ Model: _____ Size: _____ Location: _____ | <input type="checkbox"/> Maintained by employees <input type="checkbox"/> Maintained by Contractor Make: _____ Size: _____ Model: _____ Size: _____ Location: _____ | | |

Name of Waste Hauler: _____ Phone No.: _____

Name of Hood Cleaning Co.: _____ Discharge Location: _____
 Hood Filters: _____ Employees Company: _____

If your facility has grills / ovens, which type of exhaust cleaning system do you use? Automatic Manual

Authorized Representative Statement

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of Chapter 51: §51.40-51.46, Code of Ordinances, City of Riverbank. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Signature _____
 Date

 Print Name _____
 Title

Attach: Copy of your menu Copy of receipt(s) for grease removal completed within the past year
(Form Revised: 10/25/16)