

**CITY OF DUBUQUE**  
**FATS, OILS, AND GREASE PROGRAM**  
 Food Establishment Permit Application  
 (Operation & Maintenance Management Plan)



<b>Name of F.E. (Food Establishment)</b>			
<b>Name of Owner</b>		<b>Phone</b>	
<b>Name of Manager</b>		<b>Phone</b>	
<b>Mailing Address</b>		<b>Email</b>	
<b>Account Number:</b> From water/sewer bill. May be obtained from landlord if landlord pays the water bill.			
<b>Customer Service Address:</b> From water/sewer bill. May be obtained from landlord if landlord pays the water bill)			
<b>Landlord/Property Manager Name and Phone</b>			

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"/>	Other:			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store					
<b>Seating Capacity</b>		<b>Hours of Operation:</b>		Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Number of Employees</b>										

Operational Characteristics (list your establishment's food preparation activities)							
<input type="checkbox"/>	Baking	<input type="checkbox"/>	Grilling	<input type="checkbox"/>	Frying	<input type="checkbox"/>	Vegetable Prep
<input type="checkbox"/>	Other (please describe):						

Pretreatment				
Do you currently have a grease interceptor/trap installed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO: see pg. 2
<b>If YES:</b> 1. What is the size (in gallons) of the device?		2. Where is the device located?		
3. When was the device installed?		4. Device is manufactured by?		
5. How often is the device cleaned? <b>Monthly cleaning is required by FOG Program*</b>		6. If you plan on self-cleaning, check this box <b>All self-cleaners must complete a request form*</b>		
7. If a contractor services your indoor or outdoor device, please provide the name & contact information for that company:				

Type of Fixture	Quantity	Connected to Grease Trap?	Type of Fixture	Quantity	Connected to Grease Trap?
Deep Fryer			3-compartment sink		
Grill			2-compartment sink		
Oven			1-compartment sink		
Rotisserie			Hot Dog Roller		
Garbage Grinder			Wok Range		
Pre-wash sink			Dishwasher		
Tilt Kettle			Mop Sink		
Floor Drains			Other:		

### Best Management Practices

Check each of these Best Management Practices you and your staff actively use to prevent FOG discharge to the sanitary sewer system.

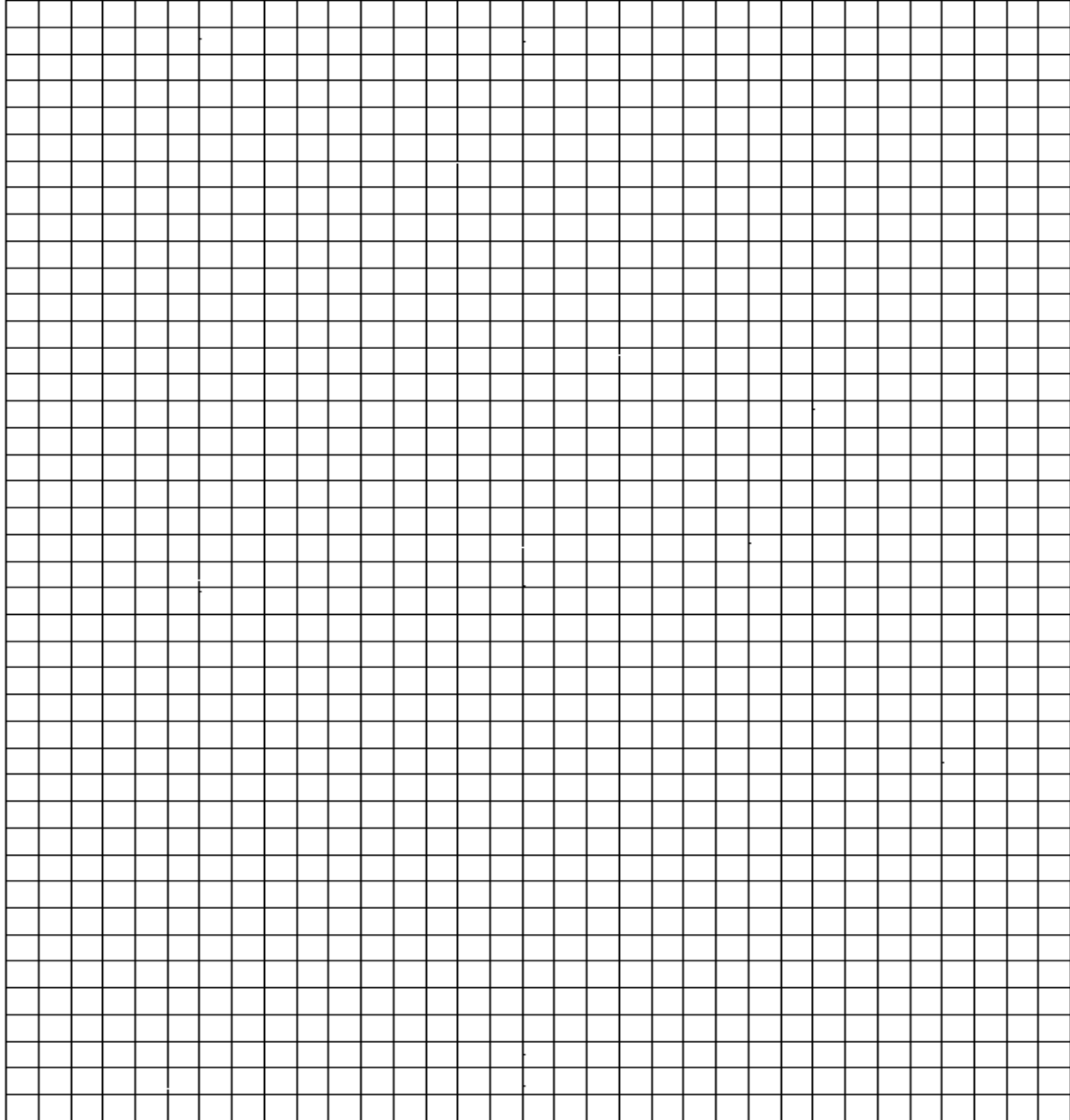
<input type="checkbox"/>	Train kitchen staff in FOG reduction techniques	<input type="checkbox"/>	Dry wipe or scrape pots, pans and dishware prior to washing
<input type="checkbox"/>	Post "no Grease" signs above sinks	<input type="checkbox"/>	Water temperature less than 140° F
<input type="checkbox"/>	Collect waste fryer grease, grill grease, and cooking oil for recycling	<input type="checkbox"/>	Proper food waste disposal (in trash not down drain)
<input type="checkbox"/>	Installation of grease trap or grease interceptor	<input type="checkbox"/>	Scrape and sweep up spills before using water for clean up
<input type="checkbox"/>	Grease covered and stored away from drains	<input type="checkbox"/>	Routine cleaning of kitchen exhaust system filters (done in sink connected to grease retention device or professionally cleaned)
<input type="checkbox"/>	Drain screens installed on all drains	<input type="checkbox"/>	Eliminate garbage grinders
<input type="checkbox"/>	Skim or filter fryer grease daily and change oil only when necessary	<input type="checkbox"/>	Other:

**In the space provided, please describe your FOG management plan and goals based on Best Management Practices. NOTE: FOG Program requires grease traps to be cleaned at least once every 30 days. If the proposed cleaning schedule differs from this standard, a "Request for an Exception to the Grease Interceptor 30 Day Pumping Requirement" form must be completed and approved by the City of Dubuque. \***

**If no grease trap is currently in use:** A plan for installation, including estimated date, plumber, "Grease Interceptor Check List" form (to be completed by your plumber) & planned location of grease trap, must be completed and returned the Water & Resource Recovery Center within 30 days. Contact the W&RRC at (563) 589-4176 or [FOG@cityofdubuque.org](mailto:FOG@cityofdubuque.org) with questions/concerns.

\*All forms may be found at [www.cityofdubuque.org/FOG](http://www.cityofdubuque.org/FOG) under the Helpful Documents tab

Please sketch the layout of your kitchen, including equipment and drain locations. Please attach plans and/or pictures of your kitchen and devices to this form.



I, the undersigned, acknowledge the grease interceptor on this application must be maintained in accordance with the FOG Program. The interceptor cannot be more than 25% full of combined grease and sediment to pass an inspection. Anything over 25% full is a “fail” for inspection purposes. I also acknowledge the required cleaning frequency may be increased, requiring more frequent cleaning than the minimum 30 day period outlined in the FOG. Program. I certify under the penalties of law, that the contents of this application, to the best of my knowledge, are accurate and complete.

Owner/Authorized Representative (**print**):

Title:

Signature:

Date:

Please email completed and signed form to [FOG@cityofdubuque.org](mailto:FOG@cityofdubuque.org), or return to:

City of Dubuque FOG Program  
Water & Resource Recovery Center  
795 Julien Dubuque Drive  
Dubuque, IA 52003