

FATS, OILS, AND GREASE (FOG) PROGRAM
Food Service Facility Registration Form

General Information

1. Company Name: _____
2. Parent Company or Owning Entity: _____
3. Facility Street Address: _____
4. City, State, Zip: _____
5. Mailing Address (if different): _____
6. City, State, Zip: _____
7. Facility Contact Name: _____ Title: _____
8. Phone Number: () _____ 9. Email: _____
10. Property Owner: _____ 11. Contact: _____
(if Property Owner is a company)
12. Phone Number: () _____ 13. Email: _____
14. Describe in detail what types of meals will be prepared at this facility:

15. Is your business: New to the area Relocating Remaining in same location
 Starting date for new business or at new location: _____
16. Is the building: Being Constructed Being Remodeled
17. If you are constructing a new building, will it be connected to the public sewer system? Yes No
18. Completion date(s) of newly constructed building(s) at this site (if known): _____
19. If remodeling or expanding, is the building presently connected to the public sewer system? Yes No
20. If remodeling or expanding, please describe project: _____

21. Seating Capacity: _____
22. Please choose one description that best describes your facility:
 ___ Fast Food Restaurant ___ Full-Service Restaurant ___ Drive Thru Only Restaurant
 ___ Seasonal Restaurant ___ Coffee Shop ___ Bakery
 ___ Supermarket ___ Club/Organization ___ Religious Institution
 ___ Company Office Building ___ Nursing Home/ Assisted Living ___ Hotel/Motel
 ___ School ___ Ice Cream Shop ___ Hospital
 ___ Other: _____

TIPTON MUNICIPAL UTILITIES

23. Normal operating hours: Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____

24. Please Indicate each item that you currently have in your facility and the quantity of each:

___ Grill___ ___ Oven___ ___ Dishwasher___ ___ Pre-Rinse Sink___
___ Garbage Disposal___ ___ Mop Sink___ ___ Deep Fryer___ ___ Floor Drains___
___ Tilt Kettle___ ___ 3 Bay Sink___ ___ 2 Bay Sink___ ___ Single Bay Sink___
___ Hand Sink___ ___ Other: _____

25 A. Do you currently have a grease interceptor (outside) or grease trap (inside)?

___ Interceptor ___ Trap
___ Both ___ None

B. Please complete the following for all grease removal devices:

Make/Model: _____ Make/Model _____
Location: _____ Location: _____
Capacity of device (gallons): _____ Capacity of device (gallons): _____

26. If the indoor grease trap is being maintained onsite, how do you dispose of the waste after cleaning the trap:

___ Trash ___ Contractor Disposes of grease ___ Recycle
___ Other: _____

27. If using a contractor to clean the INDOOR and/or OUTDOOR devices please list the following:

Contractor Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone #: _____
Contact Name: _____

28. Do you or will you use any additives in the plumbing, interceptor, or trap (i.e. enzymes, bacteria, etc.)?

Yes: ___
No: ___

IF YES, please list the products used and attach a safety data sheet for each product:

TIPTON MUNICIPAL UTILITIES

29. Have you received the Tipton Utilities FOG Program Authority and Sizing Form:

Yes: IF yes, please return along with this form to:

Tipton Utilities

Attn: Nick Huff

210 South Main St.

Tipton IN 46072

No: IF no, please contact Nick Huff or Scott Reecer at 765-675-2234

SIGNATURE CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. 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.

Printed Name

Title

Signature

Date

(_____) _____
Phone