



**CITY OF SANTA ANA
PUBLIC WORKS AGENCY**

**FOOD SERVICE ESTABLISHMENT
FATS, OILS, GREASE (FOG) PROGRAM INFORMATION FORM**

PLEASE PROVIDE THE FOLLOWING INFORMATION TO BEGIN THE FOG PROGRAM REVIEW TO OBTAIN A FOG PERMIT & MEMORANDUM. ALL INFORMATION REQUESTED IS REQUIRED IN ORDER TO BEGIN THE FOG PROGRAM REVIEW PROCESS. MISSING INFORMATION WILL DELAY THE REVIEW PROCESS.
[PLEASE EMAIL APPLICATION TO WATERINFO@SANTA-ANA.ORG](mailto:WATERINFO@SANTA-ANA.ORG)

1. THE FOOD SERVICE ESTABLISHMENT'S (FSE) **NAME**:

2. THE FSE'S **ADDRESS** (INCLUDE SUITE # AND ZIP CODE):

3. THE **FSE OWNER NAME** (REQUIRED) AND APPLICANT/REPRESENTATIVE'S **NAME** (IF APPLICABLE):

4. THE FSE OWNER/APPLICANT/REPRESENTATIVE'S **PHONE NUMBER AND EMAIL ADDRESS**:

5. THE PROPERTY **UTILITY SERVICES ACCOUNT #** (FOUND ON PROPERTY UTILITY SERVICE BILL):

6. PLEASE CHECK THE CONDITION THAT APPLIES TO THIS FSE:
 OPTION 1: THIS IS A NEW FSE (If checked, mark below the applicable option)
 New Construction Previously not a FSE
 OPTION 2: THIS IS AN EXISTING FSE (IF CHECKED, CONTINUE TO QUESTION 7)

7. IF THIS IS AN EXISTING FSE, CHECK ALL STATEMENTS THAT APPLY:

THIS FSE IS GOING THROUGH A CHANGE OF OWNERSHIP

THIS FSE IS GOING THROUGH A CHANGE OF NAME

THIS FSE IS GOING THROUGH REMODELING*

THIS FSE IS GOING THROUGH A CHANGE OF USE

THIS FSE IS CURRENTLY OUT OF SERVICE AND WILL BE REOPENED WITH NO REMODELING

Date of Last Service (MM/YYYY): _____

*Note: If remodeling or improvements are planned, please include a digital copy of the facility plans with this application.

8. IS THERE EXISTING GREASE REMOVAL EQUIPMENT FOR THIS FSE?

None

Hydro-Mechanical Grease Interceptor (HGI)

Gravity Grease Interceptor (GGI)*

Shared

Not Shared

Unknown

*Note: If a GGI exists, the Water Resources Division may perform an inspection as part of the FOG Program review.

9. CHECK THE FSE TYPE THAT BEST REPRESENTS YOUR FACILITY:

American-Burger

Deli/Sandwich

Meat/Carniceria

Bagel

Doughnut

Mexican

Bakery

French

Pizza

Barbecue

Greek

Seafood

Cafeteria/Buffer

Ice Cream

Steakhouse

Chicken

Indian

Vegetarian

Chinese

Italian

Vietnamese

Coffee Shop

Japanese/Sushi

Other: _____

Cookie

Korean

10. SPECIFY THE NUMBER OF EACH TYPE OF CURRENT/PROPOSED FSE EQUIPMENT:

Equipment	#	Equipment	#	Equipment	#	Equipment	#
Automatic Dishwasher		Grill		Rethermalizer		3 Compartment Sink	
Broiler		Hood		Rotisserie		Tilt Skillet	
Char Boiler		Kettle		Skillet		Wok	
Deep Fryer		Oven		Smoker		Stove	
Griddle		Pressure Cooker		Steamer			

11. SPECIFY THE NUMBER OF EACH TYPE OF CURRENT/PROPOSED SEATING CAPACITY:

Location	#	Location	#	Location	#
Inside Seating:		Outside Seating:		Other:	