

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. PLEASE EMAIL APPLICATION TO 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 <u>NAME</u> AND APPLICANT/REPRESENTATIVE'S <u>NAME</u>:
- 4. THE FSE OWNER/APPLICANT/REPRESENTATIVE'S **PHONE NUMBER AND EMAIL** ADDRESS:

5. THE PROPERTY WATER ACCOUNT # AND WATER SERVICE ADDRESS:

6. PLEASE CHECK THE CONDITION THAT APPLIES TO THIS FSE: OPTION 1: THIS IS A NEW 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

 Month:
 Year:

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

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

American-Burger	Ice Cream
Bagel	Indian
Bakery	Italian
Barbecue	Japanese/Sushi
Cafeteria/Buffet	Korean
Chicken	Meat/Carniceria
Chinese	Mexican
Coffee Shop	Pizza
Cookie	Seafood
Deli/Sandwich	Steakhouse
Doughnut	Vegetarian
French	Vietnamese
Greek	Other:

9. 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			

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

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