

CITY OF FONTANA
DEPARTMENT OF PUBLIC WORKS
16489 ORANGE WAY
FONTANA, CALIFORNIA 92335



FOR OFFICE USE ONLY
APPLICATION #
PERMIT #

INDUSTRIAL WASTEWATER PERMIT APPLICATION (SHORT FORM – FOOD SERVICE ESTABLISHMENT)

1. FILING STATUS (Check One)

A. New or Unpermitted Construction

B. Existing, or Remodeled Facility

C. New Ownership Previous Company: _____
Previous Permit Number: _____

D. If other, Please Explain _____

2. COMPANY INFORMATION

A. City of Fontana Business License Certificate No. _____

B. Legal Business Name: _____

Ownership Type: Corporation Partnership Sole Proprietor LLC

C. Company Doing Business As (dba): _____

D. Business Officers Names and Titles

Proprietors/Partners/Corporate Officers

Title or Position

E. Facility Location:

Address : _____
(Street) _____ (City) _____ (Zip) _____

Facility Contact Person: _____ Phone: (____) _____

Title: _____ email: _____

F. Mailing Address:

Name: _____ email: _____
Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

G. Landlord/Property Owner/Management Company:

Property Manager/Owner Name: _____

Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Attention Name: _____ Phone: (____) _____ email: _____

3. FOOD SERVICE ESTABLISHMENT DESCRIPTION

A. Describe Type of Business and Food Served (i.e. fast food, Chinese, Mexican, Family Style, etc.);

(A proposed menu must be provided with the application.)

B. Date operation began/or will begin? (mm/dd/yyyy) _____

C. Number of Employees: _____

Number of Shifts: _____

D. Hours of Operation: _____ am/pm to _____ am/pm

Days Per Week: S M T W Th F S

(Circle All Applicable Days)

E. Seating Capacity: _____ Total Number of Meals Served per Day: _____

F. Percentage of Meals Served With Washable Tableware: _____ %

G. Percentage of Meals Served With **Disposable** Tableware: _____ %

4. EQUIPMENT

A. Number of Dishwashers: _____

B. Number of Garbage Grinders: _____

C. Number of Deep Fryers: _____ Interior Tank Dimensions: Length _____ Width _____ Depth _____

D. Number of Hot Grills: _____ Give Surface Area Dimensions: Length _____ Width _____

E. Broilers: _____ Yes _____ No

 Rotisseries: _____ Yes _____ No

 Microwaves: _____ Yes _____ No

5. GREASE DISPOSAL EQUIPMENT

A Grease Interceptor with a sample box is a device that is placed in the ground outside of the building. A Grease Interceptor has two chambers, and typically has a 750 gallon capacity or larger. The device separates and collects oil, grease and solids from the kitchen wastewater and discharges the clarified water to the City's sewer system. Fontana Municipal Code Chapter 23 Section 23-163, requires all Food Processing Facilities to have an interceptor with a minimum fluid capacity of 750 gallons. Conditional Waivers for the grease interceptor requirement may be granted in accordance with section 23-52.

A Grease Trap is a device that is installed in the facility's kitchen for the purpose of holding waste grease in the wastewater.

A Grease/Oil Rendering Service is a service provided by a company to pick up and recycle fats, oils and greases that are usually stored in a rendering barrel provided by the rendering company.

A. Grease Interceptor with Sample Box: _____ Yes _____ No If yes, what size? _____
Grease Trap: _____ Yes _____ No If yes, what size? _____

B. Interceptor Service Information

Provide Name and Address of Pumping Service:

C. How Often Is Grease Interceptor Pumped or Grease Trap Cleaned, (i.e., daily, monthly, qrtly, semiannually, or annually):

D. Grease Rendering Information (Used Cooking Oil)

Provide Name and Address of Grease/Oil Rendering Service:

6. FRESH WATER TREATMENT

The City of Fontana prohibits water softeners that are regenerated on site in excess of one cubic foot. (See FMC Section 23-162). Ion Exchange water softeners that are regenerated off site by a vendor (with no waste discharged to the sewer) are acceptable with a letter of approval for the installation or operation of the device.

A. Water Softener: _____ Yes _____ No Regenerative: _____ Yes _____ No Size of Resin Recovery Bed: _____

B. If Regenerated off site, Give Vendor's Name & Address:

7. AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information in this application form and all attachments and that, based on my inquiry of the persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

NAME – AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE