Appendix I. Generator Authorization Application FATS, OILS, AND GREASE (FOG) BEST MANAGEMENT PRACTICES PROGRAM City of Norman, Environmental Services

Restaurant Name:		
Iailing Address: ZIP Code:		
estaurant Address: ZIP Code:		
ntact Person: Telephone:		
Authorized Representative:	Title:	
Seating Capacity:	Fax Number:	
Indicate the # of units and whether or not they a (GRD):	C C	
Automatic Dishwasher <u>#</u> GRD	Sinks <u>#</u> GRD	
Garbage Disposal <u>#</u> GRD 🗌	Wok <u>#</u> GRD	
List Chemicals: (e.g. Soaps, Cleaners, etc)		
Disposal Method: (Please indicate size and n		
Indoor Grease Trap(s)	Outdoor Grease Interceptor(s) Maintenance Company	
Maintenance Frequency:	Maintenance Company	
	Practices and methods employees will be trained in.	
Scrape/dry wipe material from plates, pot, and pans b	pefore washing.	
Keep spills from going down the drain.		
Clean the trap/interceptor at prescribed intervals to keep	eep it functioning properly.	
Screen drains.		
Post "Do and Don't" reminder poster above sinks and List other BMPs:	d by automatic dishwasher.	

Please send the application to:	City of Norman
	Environmental Services
	P.O. Box 370
	Norman, OK 73070
	Phone: 405-292-9731
	Fax: 405-292-9793

*Please attach a menu and the \$100 application fee

"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."

Name and Title of Authorized Representative

Signature:

March 26, 2013