Establish	Dhis Division of Pub ment Wastewater D 2865 Frayser Boulevard, Me Business: 90	<b>Discharge Permit A</b> emphis, Tennessee 38127 1-636-0237			
	Email: publicworksfogpro	gram@memphistn.gov			
Sewer Use Ordinance Section 33-	253 requires all Food Estab	lishments (FEs) complete a	ind submit a Permit App	lication	
	THIS APPLICATION	IS NOT A PERMIT			
Existing Building?	Y N New Facilit	y? Y N New (	Construction? Y N	I	
Name of Food Establishment	Authorized Repre	Authorized Representative		Today's Date	
Street Address	City	Zip Code Phone	e Number Em	ail Address	
Estimated Wastewater Discharge	Rate (Gallons Per Day				
Daily Food Preparation Times:		Average	Max	ximum	
Example: 6 – 9 AM	Mon Tue	Wed Thur	Fri Sat	Sun	
Description of food preparation:					
Dining Room Seat Capacity:		Number of Employ	/ees:		
Size of Kitchen:		sqf	it		
Estimated Oils & Grease to be Us	ase to be Used: gals/day Or		I	lbs/day	
Equipment (number of each type): Deep Fryers	Ranges	Dishwashers		4-Comp. Sinks	
Rotisseries Broilers	Ovens	Garbage Disposa Grease Removal		Mop Sinks Other Sinks	
Grills	Woks Steamers	2-Comp. Sinks		Cleanout Caps	
Stoves	Hoods	3-Comp. Sinks		Strainers	
(List other equipment)					
Proposed Grease Removal Equip	ment size(s):				
Engineer Company Name	Name	Phone Number	Email	Address	
Contractor Company Name	Name	Phone Number	Email	Address	
	Important Anti	cipated Dates			
Start of Construction:		GRE Installations:			
Construction Completed:	FF	(Start Date)		(End Date)	
· · · · ·	· -				
FE Contact Information:	Name	Phone Number	Fmail	I Address	
			Linai	,	

**Note:** Scaled plan showing locations of equipment that use FOG, GREs, sewer lines from kitchen to sewer connection, and any other support documents for this application must be attached to this form.

Sewer Use Ordinance Section 33-253 requires all Food Establishments (FEs) complete and submit a Permit Application

I certify under penalty of law that this document and all its 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 inquire of the person or persons who manage the system, or those persons directly responsible for gathering 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 fines, civil penalties, or imprisonment for knowing violations.

Authorized Representative Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

## THIS APPLICATION IS NOT A PERMIT

For Official Use Only									
			Was adequate information provided?			YES   N	NO		
(Reviewer Na	me)	(Date Reviewed)	-						
		Application app	proved?	YES   NO					
(Date Requested Ac	dditional Info)		(Date Approved or Denied)						
Comments:			Facility ID #						
_									