



Application for F.O.G (Fats, Oils & Grease) Program

Per Section 2023-09 of the City of LaBelle Municipal Ordinance, Fats, Oil & Grease Management Program

1. Please provide the following contact information.

Business Name	
Business Address	
Phone	
Email	

Owner Name	
Owner Address	
Phone	
Email	

Grease Trap Location	
Number of Grease Traps	
Owner Representative Phone	
Owner Representative Email	

2. Please indicate descriptions that represent your facility.

Type of Food Service Establishment		Location	
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Stand-alone Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full-Service Restaurant	<input type="checkbox"/> Cocktails/Bar	<input type="checkbox"/> Strip Mall	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Buffet	<input type="checkbox"/> Catering	<input type="checkbox"/> Mall/Food Court	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Take Out Facility (only)	<input type="checkbox"/> Food Packager	<input type="checkbox"/> School	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Club/Organization	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Bakery	<input type="checkbox"/> Other _____	<input type="checkbox"/> Company/Office Bldg	<input type="checkbox"/> Prison
<input type="checkbox"/> Cafeteria		<input type="checkbox"/> Stadium/Amusement Park	<input type="checkbox"/> Other _____

Other _____ Other Equipment _____

3. Please indicate all equipment for your facility.

Food Processing Equipment		Kitchen Equipment	
<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Charbroiler	<input type="checkbox"/> Stove	<input type="checkbox"/> Pre-Rinse Sink	<input type="checkbox"/> Other _____
<input type="checkbox"/> Griddle	<input type="checkbox"/> Wok	<input type="checkbox"/> 3-Comp Sink	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grill	<input type="checkbox"/> Other _____	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Other _____
<input type="checkbox"/> Oven	<input type="checkbox"/> Other _____	<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Other _____

Other _____ Other Equipment _____



4. Please provide the following operating information.

Days/Hours of Operation	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of Employees	
Seating Capacity	
Average Meals Served per Day	
Peak Meals Served per Hour	
Do you wash plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Provide a plumbing diagram that details the equipment, flow restrictors, discharge piping size, sanitary lines, grease waste lines, and the location of the interceptor.

6. Provide cut sheets for all kitchen equipment that will discharge wastewater.

7. Provide size, make, and model of the proposed grease trap/interceptor, along with the calculations used to determine sufficient capacity.

8. Completed By:

Signature		Printed Name	
Title		Date	

Email this completed form along with the requested information to Adam Barde, FOG/IPP Coordinator at Woodard & Curran abarde@woodardcurran.com and Alma Salas, Permit Supervisor at asalas@citylabelle.com.

For additional information, please contact Adam Barde at 863-247-1600 or via email.