

**CITY OF DUBUQUE**  
**FATS, OILS, AND GREASE PROGRAM**  
 Food Establishment Permit Application  
 (Operation & Maintenance Management Plan)



Name of F.E. (Food Establishment)			
Name of Owner (LLC/Inc/Sole)		Phone	
Name of Manager		Phone	
Mailing Address		Email	

Seating Capacity		Hours of Operation:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of Employees									

Type of Fixture	Quantity	Connected to Grease Trap?	Type of Fixture	Quantity	Connected to Grease Trap?
Deep Fryer			3-compartment sink		
Grill			2-compartment sink		
Oven			1-compartment sink		
Rotisserie			Hot Dog Roller		
Garbage Grinder			Wok Range		
Pre-wash sink			Dishwasher		
Tilt Kettle			Mop Sink		
Floor Drains			Other:		

**Pretreatment**

Do you currently have a grease interceptor/trap installed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO: see below**
2. Where is the device located?			
If YES: 1. What is the size (in gallons) of the device?		4. Device is manufactured by?	
3. When was the device installed?		6. If you plan on self-cleaning, check this box All self-cleaners must complete a request form*	
5. How often is the device cleaned? Monthly cleaning is required by FOG Program*			
7. If a contractor services your indoor or outdoor device, please provide the name & contact information for that company:			

**\*\*If no grease trap is currently in use:** A plan for installation, including estimated date, plumber, "Grease Interceptor Check List" form (to be completed by your plumber) & planned location of grease trap, must be completed and returned the Water & Resource Recovery Center within 30 days. Contact the W&RRC at (563) 589-4176 or [FOG@cityofdubuque.org](mailto:FOG@cityofdubuque.org) with questions/concerns.

**I, the undersigned, acknowledge the grease interceptor(s) on this application must be maintained in accordance with the F.O.G Program. I also acknowledge that the required cleaning frequency may be increased, requiring more frequent cleaning than the minimum 30-day period outlined in the FOG Program. I certify that I am familiar with the information contained in this application and that to the best of my knowledge such information is true, complete, and accurate.**

Owner/Authorized Representative (print):	Title:
Signature:	Date:

Please email *completed* and *signed* form to [FOG@cityofdubuque.org](mailto:FOG@cityofdubuque.org), or return to:

**City of Dubuque FOG Program**  
**Water & Resource Recovery Center**  
**795 Julien Dubuque Drive**  
**Dubuque, IA 50003**

**Please sketch the layout of your kitchen, including equipment and drain locations. Please attach plans and/or pictures of your kitchen and devices to this form.**

