

City of Irving, Public Works, Water Utilities Environmental Compliance FOG Program

(Please print/write clearly and make any corrections)

Name of Establishment: _____

Address: _____

Daytime Phone # (____) _____. Emergency Phone # (____) _____.

Owner/Manager Name: _____ Contact Person: _____

(Please select one for your type of establishment)

Full Service Restaurant	Yes	Take Out Only	Yes
Restaurant Less Than 25 Seats	Yes	Day Care Facility	Yes
Deli Restaurant	Yes	Public School	Yes
Fast Food & Take Out	Yes	Nursing Home	Yes

(Please select the equipment use in your establishment)

Dishes – Disposable	Yes	Large 1 to 2 Comp. Sink	Total #: _____
Flatware – Disposable	Yes	Commercial Dishwasher	Total #: _____
Dishes – Reusable (s)	Yes	Non-Commercial D-Washer	Total #: _____
Flatware – Reusable	Yes	Deep Fryer(s) <i>number of baskets</i>	Total #: _____
Large Pots & Pans	Yes	Commercial Cooktop	Total #: _____
Garbage Grinder	Yes	Non-Commercial Cooktop	Total #: _____
Three-Compartments Sink	Total #: _____	Microwave Oven	Total #: _____

Do you pay directly to the City of Irving for water: Yes / No

Avg. # Meals per Day: _____ **Days Closed Annually:** _____ **Number of Seats:** _____

Grease/Grit Trap Information

Is your establishment reasonable for the Grease Trap Yes / No

If **“No”**, who is: _____

Capacity of Trap: _____ gal
 Service Company: _____
 Service Company Permit #: _____
 Date of Last Service: _____

Trip Tickets on Record: Yes / No
 Last Two (2) years on File: Yes / No
 Avg Service Period: _____ (wks /mos)