



## UPPER MONTGOMERY JOINT AUTHORITY FATS, OILS, & GREASE (FOG) PERMIT APPLICATION

ESTABLISHMENT:										
PROPERTY ADDRESS:										
MAILING ADDRESS:										
NAME OF OWNER:		P#		EMAIL:						
NAME OF MANAGER:		P#		EMAIL:						
LANDLORD (if applicable):		P#		EMAIL:						
TYPE OF ESTABLISHMENT (Check all that apply)										
<input type="checkbox"/>	Full-Service Resturant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee			
<input type="checkbox"/>	Fast-Food Resturant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Convenience Store			
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Grocery Store			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Other:					
Seating Capacity:		Hours of Operation:		SUN	MON	TUES	WED	THURS	FRI	SAT
Number of Employees:										
TYPES OF FIXTURES (Check all that apply)										
<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	3 Compartment Sink	<input type="checkbox"/>	Mop Sink	<input type="checkbox"/>	Wok Range			
<input type="checkbox"/>	Grill	<input type="checkbox"/>	2 Compartment Sink	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Pre-wash Sink			
<input type="checkbox"/>	Oven	<input type="checkbox"/>	1 Compartment Sink	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Hot Dog Roller			
<input type="checkbox"/>	Rotisserie	<input type="checkbox"/>	Other:							
FOG ABATEMENT SYSTEM (Check all that apply)					SERVICED BY (Check "Self" if self serviced)					
<input type="checkbox"/>	External Manhole Tank	Size/Quantity:			Hauler/Pumper Name:					
<input type="checkbox"/>	Passive (Manual) Grease Trap	Size/Quantity:			Hauler Name:			<input type="checkbox"/>	Self	
<input type="checkbox"/>	Grease Monitoring System	Size/Quantity:			Hauler Name:			<input type="checkbox"/>	Self	
<input type="checkbox"/>	Other/Unknown	Size/Quantity:			Hauler Name:			<input type="checkbox"/>	Self	
Waste Fryer Oil Hauler (if applicable):					Service Frequency:					
<i>The information in the questionnaire is familiar to me and to the best of my knowledge, such information is true, complete, and accurate. I am aware that there are significant penalties for submitting false information.</i>										
Owner/Authorized Reperesentative (Print):					Title:					
Signature:					Date:					

If you have any questions while completing this form, please call the UMJA Office at **215-679-5133** or email **FOG@UMJA.ORG**  
 This information is being gathered from all non-domestic users of the Upper Montgomery Joint Authority sewer system.  
 Additional pages may be attached to elaborate on any answers.

**Upper Montgomery Joint Authority**  
**1100 Mensch Dam Road**  
**Pennsburg PA 18073**