



CITY OF NEWPORT BEACH

Utilities Department

949 W. 16th Street
 Newport Beach, California 92663
 949 644-3011 | 949 644-3010 FAX
 www.newportbeachca.gov

For office use only

Date received: _____ Initial: _____

Staff Review: _____ Date: _____

Tentative Approval date: _____

Permit #: _____

GREASE DISPOSAL PERMIT APPLICATION
 Permits will be emailed to the facility contact upon completion.

Check one: New Permit Permit Revisions Non-use Permit Change of Ownership (Effective date) _____

Facility Name: _____

Service Address _____ Phone number: _____

Mailing Address _____
 (if different)

Facility Contact & Title: _____ Email address: _____

Facility Owner: _____

FACILITY OPERATIONAL CHARACTERISTICS

Hours of Operation: _____

No. of Employees: _____

Seating: Sit-down Take-out Both Seating Capacity: _____

Please check 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"/> Office Building	
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other:	<input type="checkbox"/> Sports Park	<input type="checkbox"/> Other:

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GREASE DISPOSAL PERMIT APPLICATION (continued)

Please indicate the quantity of each equipment item that you currently operate.

Food Processing Equipment				Kitchen Equipment			
	QTY		QTY		QTY		QTY
Deep Fryer		Rotisserie		Dishwasher		Other:	
Charbroiler		Stove		Pre-rinse sink			
Griddle		Wok		Mop Sink			
Grill		Other:		Floor Drains			
Oven				Garbage Disposal			

Does the facility currently have a grease interceptor or grease trap?

- Interceptor
 Trap
 Both
 None

If yes, indicate the liquid holding capacity in gallons: _____

The applicant has received a copy of the City's FOG Control Ordinance and program information/training kit.

- Yes No

Authorized Signature

_____ Business Name

_____ Applicant Signature Date

_____ Applicant Name and Title

By signing this document the applicant agrees to the conditions and terms in the City of Newport Beach Municipal Code Chapter 14.30 Fats, Oils and Grease (FOG) Control. In the event that the terms of the Grease control permit are violated, the permit holder may be subject to administrative citation as well as liable for all costs required to clean or repair the facilities together with expenses incurred by the City to resume normal operations. The Utilities Department Director (formerly known as the Municipal Operations Department Director) has the power to temporarily shut off any premises from the use of the public sewerage system where the user or occupant of the premises is placing waste substance in violation to 14.30.060. See 14.30.050 (Sanitary Sewer Overflows (SSOs) and Recovery of Costs and Fines), 14.30.055 (Termination or Suspension of Service), 14.30.060 (Violations and Penalties) for all details.

FOG Wastewater Discharge Permit application and BMP Program materials are available for download at:
<https://www.newportbeachca.gov/government/departments/utilities/wastewater/fog-control-program>