

**Food Service Establishment Permit Application Form**  
**\*\* Attach a copy of all menus or a list of items on menus. \*\***

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Building Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Hours of Operation**

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

### Fixture Count

Type of Fixture	Number Existing	Number Proposed	Connected to Grease Trap
<b>Kitchens</b>			
Sinks (multi-compartment sinks are counted by the number of water faucet sets on them)			
High temp. (Above 180 degrees Fahrenheit)			
Low temp. (Below 180 degrees Fahrenheit)			
Disposals and garbage grinders			
Floor drains			
<b>All Bathrooms</b>			
Sinks			
Floor drains			
Toilets			
Urinals			
<b>Other Fixtures not Listed Above</b>			
Sinks			
Floor drains			
Drinking fountains			
Other (please describe)			
Other			

Estimated number of meals served each week: \_\_\_\_\_.

Estimated water usage: \_\_\_\_\_ gal/day.

**FRWRD**   
**FOX RIVER WATER RECLAMATION DISTRICT**  
1957 N. LAFOX (RTE 31), SOUTH ELGIN, IL 60177 / P.O. BOX 328, ELGIN, IL 60121 / PH. (847) 742-2068

Size and location of existing grease and solids separators (grease traps) or sampling manhole: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cleaning frequency: Once every \_\_\_\_\_ days, by employees or contractor \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and address of contractor / Rendering Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. of Contractor: \_\_\_\_\_

Local sewer use ordinances prohibit the discharge of fats, oil and grease in excess of 200 mg/l based upon USEPA approved test methods. Also, any substances which would cause an obstruction in the sewers, including but not limited to solids and semi-solids with a diameter of ½ inch or greater may not be discharged.

**THIS SECTION MUST BE SIGNED BY THE BUSINESS OWNER OR OTHER DISTRICT APPROVED REPRESENTATIVE:**

I am aware that it is my responsibility to inform the Fox River Water Reclamation District prior to installing any additional fixtures. It is also my responsibility to be sure that all grease and solids separators are maintained properly and that the discharge from the business meets Fox River Water Reclamation District limitations.

\_\_\_\_\_  
Signature/Position/Date