



www.cityofrockhill.com/fog

RETURN THIS FORM TO:
 FOG Management Program-Manchester WWTP
 P.O. Box 11706
 Rock Hill, SC 29731-1706

Or you may fax: 803-325-2684 or
 email: FOG@cityofrockhill.com

FOOD TRUCK / MOBILE VENDOR FATS, OIL AND GREASE DISCHARGE PERMIT APPLICATION FORM

Please read the City of Rock Hill's Fats, Oil and Grease Control Policy prior to completing this application.

Clearly print or type the information requested. Any missing or incomplete information may result in delays in processing this application. The City will not process incomplete Applications. Applicant shall be the owner of the proposed Food Service Establishment or the presiding officer of the legal entity owning the proposed Food Service Establishment.

Any section that requires additional space or documentation shall be included as an attachment and labeled to identify the appropriate section. For assistance please contact the GMP Official at 803-329-8703.

SECTION A – GENERAL INFORMATION (PLEASE PRINT LEGIBLY)

1. FSE Name: _____ Vehicle # _____ Federal ID # / EIN: _____

Telephone Number: _____ Website: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

2. Designated signatory authority:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

3. Designated facility contact: Mark box if same as above If different from above complete the following:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

SECTION B – PHYSICAL LOCATION OF OPERATION

Check all applicable boxes and add additional sites within York County, SC:

| CHECK BOX | EVENT NAME | STREET # | STREET NAME | CITY | STATE | ZIP CODE |
|--------------------------|--|----------|----------------|-----------|-------|----------|
| <input type="checkbox"/> | Christmasville Or Food Truck Fridays at Fountain Park-RH | 300 | MAIN ST E | ROCK HILL | SC | 29730 |
| <input type="checkbox"/> | BMX Supercross Track | 1307 | RIVERWALK PKWY | ROCK HILL | SC | 29730 |
| <input type="checkbox"/> | | | | | SC | |
| <input type="checkbox"/> | | | | | SC | |

Owner of Physical Location of Operation (Lessor): If adding more than one site, please attach additional information.

Note: Does not apply to City of Rock Hill Events: Christmasville, Food Truck Fridays, BMX

Type of Ownership: Individual Partnership LLC Corporation Non-Profit Organization

Name (Mr./ Mrs./ Ms.): _____

Telephone Number: _____ E-mail Address: _____

SECTION C – WASTEWATER DISCHARGE / DISPOSAL INFORMATION

1. Please mark the item which best describes your current wastewater discharge.

Commissary Wastewater Treatment Plant Other: _____

2. Physical Address of wastewater disposal facility (**Do Not Use PO Box**):

Street: _____ City: _____ State: _____ Zip: _____

3. Wastewater disposal facility contact:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

SECTION D – USED COOKING OIL/ GREASE RECYCLING

1. Do you recycle the Used Cooking Oil or grease produced at your facility? Yes No

Commissary provides this service: Yes No

What is the name of your Recycling Company:

Contractor Name: _____

Street: _____ City: _____ State: _____ Zip: _____

If your FSE has not implemented pollution prevention measures, please visit our webpage www.cityofrockhill.com/fog for a copy of the City's [FOG Best Management Practices Manual](#).

ATTACH A LIST OF FOODS TO BE SERVED OR INCLUDE A MENU

Authorized Representative Statement:

I certify that I have read City of Rock Hill's Fats, Oil and Grease Control Policy and understand that Food Service Establishments must NOT discharge fats, oil and grease to the City of Rock Hill's sanitary sewer system or stormwater system. Wastewater or Used Cooking Oil must NOT be disposed of in Restroom or Portable Restroom facilities. Wastewater shall be flushed and drained only at the commissary.

I further certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/ or imprisonment for knowing violations.

Print Name: _____ Print Title: _____

Signature: _____ Date: _____