



GDO No: _____

Fats, Oil & Grease Discharge Control - Operating Permit Application

INSTRUCTIONS: Provide the appropriate information for all fields denoted as required in each section of the form. Incomplete applications will NOT be accepted by the department until all required information is provided. Refer to the permit application guidelines sheet for processing locations, fees, and other relevant information pertinent to the completion of this form.

A. Application Type (select one)

- New Business/Operator
- Transfer of Ownership or Name Change of Existing Permitted Facility
- Modification of Existing Permitted Facility (includes modifications to FOG control devices, modifications to facility size/area and changes of use)

B. Applicant Information

¹Applicant (corporation, LLC, LLP, sole proprietor) ^{**} : _____

Applicant Mailing Address ^{**} : _____

²Authorized Representative Name ^{**} : _____ Title ^{**} : _____

Email ^{**} : _____ Phone No. ^{**} : _____

^{**}Denotes Required Field

- 1) If applicant is a company, corporation, partnership or similar, the name specified shall match the name of the corporate entity that is registered with the State of Florida Division of Corporations. A fictitious name specified on the form shall be preceded by the name of the entity or individual (if sole proprietor) that owns said fictitious name. For example, "ABC, Inc. d/b/a XYZ Store", where "ABC, Inc." is the name of the registered entity that owns the registered fictitious name "XYZ Store". Please refer to www.sunbiz.org for the listing of corporate entities and fictitious names registered with the State of Florida Division of Corporations
- 2) A separate letter of authorization shall be attached to the application form if the individual specified is not a registered officer of the corporate entity applying for the permit. This requirement is not applicable if applicant is a sole proprietor provided that the sole proprietor is the individual signing the form. Note that names of contractors, expediting services providers, or any other individual providing similar services that is not involved in the management or operation of the facility shall not be listed as an authorized representative.

C. Facility Information

Facility Address (Street, City, Zip, Unit) ^{**} : _____

Facility Phone No. ^{**} : _____ Facility Email: _____ Property Folio No. ^{**} : _____

Days and Hours of Operation ^{**} : _____

^{**}Denotes Required Field

D. Facility Use Information

Select/Describe Use that best describes the Facility^{**}

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Apartment/Condo/Club House | <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Child/Adult Day Care | <input type="checkbox"/> Full Service Restaurant |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Commercial/Industrial Bakery | <input type="checkbox"/> Processing/Manufacturing |
| <input type="checkbox"/> Bakery (non-commercial) | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Convenient Store/Gas Station | <input type="checkbox"/> Supermarket/Market/Grocery |
| <input type="checkbox"/> Butcher/Fish/Meat Market | <input type="checkbox"/> Catering | <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Take-Out Restaurant |
| <input type="checkbox"/> Other _____ | | | |

^{**}Indoor Area: _____ ft² ^{**}Outdoor Area: _____ ft² No. of Seats: _____ Drive Thru Lanes: Yes No

E. Fats, Oils & Grease Control Device Information

List all FOG control devices serving the facility^{**}

| No. | Make & Model | Material (Metal, Plastic, Concrete, other) | Capacity (gpm or gallons) | Location (indoor or outdoor) |
|-----|--------------|--|---------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

^{**}Denotes Required Field; an operating permit will not be issued until the facility has a department approved control device.

F. CERTIFICATION BY APPLICANT

****COMPLETION OF THIS SECTION IS REQUIRED****

The undersigned authorized representative of (name of applicant) _____ is fully aware that the statements made in this application for an operating permit are true, correct and complete. The undersigned understands that discharges of Fats, Oils and Grease to the public sanitary sewer that exceed the standards set forth in Chapter 24 of the Code of Miami-Dade County (Code) or in quantities that may affect or hinder the operation of the sewage collection, transmission or treatment facilities is a violation of Chapter 24 of the Code. **The undersigned certifies that he/she is fully aware that the submittal of a permit application does not guarantee issuance of a Grease Discharge Control operating permit until it is determined that the permit application is complete and a Fats, Oils & Grease Control Device(s) is(are) approved by the department for the facility.** It is further acknowledged that a permit, if granted by the Department, is not transferable and that notification shall be provided to the Department upon sale, change of ownership or relocation of the permitted facility.

Name of Authorized Representative* Signature of Authorized Representative* Date
Subscribed & sworn to and subscribed before me this _____ day of _____ 20_____

Personally known _____, or produced identification _____. DL #: _____

Notary Signature: _____ Notary Commission Expires _____

Notary Seal

*A notarized letter of authorization shall be attached if the name of the individual does not correspond to a registered officer of the corporate entity applying for the permit, as indicated in section B. This letter is not required for sole proprietors provided that the "Applicant" and "Authorized Representative" specified on the form match and that the application is signed by the same individual. Names of contractors, expediting services providers, or any other individual providing similar services that is not involved in the management or operation of the facility shall not be listed as an authorized representative.

G. CERTIFICATION BY PROPERTY OWNER

****THIS SECTION IS NOT APPLICABLE IF APPLICANT IS SAME AS PROPERTY OWNER****

The undersigned authorized representative of (legal property owner name) _____ is fully aware that the discharges of Fats, Oils and Grease to the public sanitary sewer in quantities that exceed the standards set forth in Chapter 24 of the Code of Miami-Dade County (the Code) or in quantities that may affect or hinder the operation of the sewage collection, transmission or treatment facilities is a violation of Chapter 24 of the Code. **The undersigned certifies that the operation and maintenance (cleaning) of the Fats, Oils and Grease Control Device(s) serving the facility is (select one of the options below):**

- The responsibility of the Legal Property Owner.
- The responsibility of the Applicant listed in Sections B and F of this form.

Furthermore, the undersigned is fully aware that the legal property owner is responsible for the operation & maintenance of the Fats, oils, and Grease Control Device(s) if the referenced Applicant fails to properly maintain said device(s).

Name of Authorized Representative* Signature of Authorized Representative* Date
Subscribed & sworn to and subscribed before me this _____ day of _____ 20_____

Personally known _____, or produced identification _____. DL #: _____

Notary Signature: _____ Notary Commission Expires _____

Notary Seal

**A notarized letter of authorization shall be attached if the name of the individual does not correspond to a registered officer of the corporate entity having legal ownership of the property. This letter is not required for sole proprietors provided that the Authorized Representative specified in this section of the form is that of the legal property owner.

H. PERMIT APPLICATION SUBMITTAL CHECKLIST

- All required fields of permit application form are completed.
- Zoning Certificate of Use/Occupational License Application Form.
- Applicant has read the instructions provided in the permit guidelines sheet.
- Permit Fee (see guidelines sheet and fee schedule).
- FOG control device information is specified.
- Form is signed/certified by a duly authorized representative of *Applicant*.
- Notarized letter of authorization by *Applicant* is enclosed (as applicable).
- Form is signed/certified by a duly authorized representative of *Property Owner* (not required if applicant and property owner are the same).
- Notarized letter of authorization by *Property Owner* is enclosed (as applicable).



Fats, Oil & Grease Discharge Control Program - Permit Application Completion/Submittal Guidelines

A. Regulatory Requirement

Pursuant to the provisions of Section 24-18 of the Code of Miami-Dade County (the Code), an operating permit is required for any non-residential facility with the potential to introduce oil and grease into the public sanitary sewer system in quantities that have the potential to affect or hinder the operation of sewage collection, transmission or treatment facilities. The intent of the Fats, Oil and Grease Discharge Control program is to regulate facilities with the potential to introduce oil and grease, commonly referred to as "Fats, Oil and Grease" or "FOG," to the public sanitary sewer systems of Miami-Dade County. Facilities with said potential are required to obtain an operating permit issued pursuant to the provisions of Chapter 24 of the Code.

B. Permit Application Form - Important Terms to Know

The terms listed below are referenced in the permit application and are hereby defined to assist the reader in understanding the scope of the various sections of the form and to ensure that the required information is specified accurately.

Fats, Oil and Grease (FOG): common industry/regulatory term that is synonymous to the term "oil & grease".

FOG Control Device: pertains to any equipment designed to remove, hold and prevent passage of FOG to the public sanitary sewer system; this includes grease traps and grease interceptors.

FOG Generator: pertains to any non-residential facility that can introduce FOG to the public sanitary sewer system.

Applicant: is the person or entity intended to be permitted by the department that shall be responsible for complying with the conditions of a FOG discharge control operating permit. This includes sole proprietors and entities registered with the State of Florida Division of Corporations such as companies, corporations, partnerships, etc.

Facility: refers to the establishment (place of business) where a FOG generating activity is conducted; see "FOG Generator" definition above.

Property Owner: refers to the legal owner of the facility (premises) where the FOG generating activity is conducted.

Authorized Representative: is a registered corporate officer (e.g., managing member, president, vice-president, etc.) of an entity that is duly registered with the State of Florida Division of Corporations (e.g., corporation, etc.), or a sole proprietor. If the individual listed on the "Authorized Representative" fields of the permit application does not meet the aforementioned criteria, a notarized letter of authorization issued by a registered corporate officer or sole proprietor (as applicable) shall be attached to the form.

C. Permit Application Form - When is the submittal of a permit application required?

The submittal of a permit application is required for:

- Any new business/operator (FOG generator) intending to operate within Miami-Dade County.
- Transfers of ownership or name changes of an existing permitted entity (i.e., permit holder).
- Updates to permit or facility information, including (but not limited to) modifications to FOG Control Devices, modifications to facility size/area and changes of use.

D. Permit Application Completion and Submittal Instructions

General Information

All sections of the "Fats, Oil and Grease Discharge Control Program Permit Application" form shall be properly completed and certified by all parties responsible for the operation of the regulated facility/establishment, management of the FOG control device(s), and having legal ownership of the facility/establishment. An operating permit shall **NOT** be issued until the department has determined that the application is complete and a FOG control device is approved for the facility.

Zoning Licensing Requirements

The FOG Discharge Control Operating Permit Application form shall be submitted in person to one of the locations listed below. If your facility is located within a municipality, the application form shall be accompanied by a completed Certificate of Use form (a/k/a as "Local Business Tax Receipt" or "Occupational License") from the municipal zoning authority having jurisdiction over the property. If your facility is located within unincorporated Miami-Dade County, note that the submittal of a Zoning Certificate of Use application will be required at the time of submittal of the permit application form. In order to process the permit application, please ensure that the information captured on the permit application form matches the information referenced on the zoning application form (either municipal or unincorporated).

| Processing Location | Address | Serves Facilities Located Within: |
|-------------------------------------|-------------------------------------|---|
| RER/DERM - Overtown Transit Village | 701 NW 1st Court, 2nd Floor, Miami | Municipalities Only |
| RER/DERM - Hialeah Satellite Office | 501 Palm Avenue, 2nd Floor, Hialeah | Municipalities Only |
| RER/DERM West Dade Office (MDPIC) | 11805 SW 26th Street, Miami | Municipalities and Unincorporated Areas |

Permit Fees

The list of fees pertinent to the issuance of Fats, Oil and Grease Discharge Control operating permits is found under the "operating permit fees" section of the most current version of the department's Fee Schedule. The fee schedule is available online at: <http://www.miamidade.gov/permits/library/fees/schedule-environmental.pdf>