



APPLICATION FOR GREASE VARIANCE

FATS, OILS, AND GREASE CONTROL PROGRAM
Dept. of Public Works & Utilities, Sewage Treatment Division
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COPY OF MENU AND \$50 APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION.

I hereby request a variance from the City of Wichita's requirement for a grease interceptor.
The following information pertains to this facility.

Date: _____

NAME OF FACILITY: _____ PHONE: _____

FACILITY ADDRESS: _____ ZIP: _____

NAME/ADDRESS where variance letter is to be mailed: _____

NAME OF BUSINESS OWNER: _____ PHONE: _____

APPLICATION SUBMITTED BY: _____ PHONE: _____

HOURS OPEN DAILY: _____ to _____ NUMBER OF DAYS OPEN: _____

SEATING CAPACITY: _____ ANTICIPATED # OF MEALS SERVED DAILY: _____

TYPE OF VARIANCE: INTERCEPTOR: GARBAGE DISPOSAL: PUMPING FREQUENCY:

FACILITY: NEW CONSTRUCTION REMODEL OWNERSHIP CHANGE

THE KITCHEN HAS THE FOLLOWING FIXTURES: (INDICATE NUMBER OF EACH)

FLOOR DRAINS/FLOOR SINKS _____ HAND SINKS _____ COMMERCIAL DISHWASHER _____

GARBAGE DISP. _____ FOOD PREP SINK _____ MOP SINK _____

3 OR 4 COMP. SINK _____ PRE-RINSE SINK _____ WOK STOVE _____

OTHER _____

THE FACILITY HAS THE FOLLOWING EQUIPMENT IN THE FOOD PROCESSING AREA:

GRILL		STEAM TABLES		MICROWAVE		OTHER
BROILER		OVEN		RANGE		
STEAM KETTLE		FRYER		WALK IN REFRIG		

PLEASE USE THE SPACE BELOW OR ATTACH A SEPARATE SHEET EXPLAINING WHY YOU ARE REQUESTING EXEMPTION FROM INSTALLING AN OUTDOOR UNDERGROUND GREASE INTERCEPTOR, INCLUDING HOW YOU PROPOSE TO CONTROL FATS, OILS, OR GREASE FROM THIS FACILITY.

APPLICANT OR OWNER SIGNATURE: _____