



**TOWN OF CROMWELL  
CWPCA  
41 WEST STREET  
CROMWELL CT 06416**

**ANNUAL  
FOG DISCHARGE  
PERMIT  
APPLICATION**

Food Preparation Establishment: \_\_\_\_\_

Location: \_\_\_\_\_ Unit #: \_\_\_\_\_

Permittee Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Holder of Food Service License)

Company Name: \_\_\_\_\_

Business Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Days Open (circle or check)    S       M       T       W       Th       F       S

Total Hours Open: \_\_\_\_\_

**APPLICATION ATTACHMENTS**

**Please attach plans for new FPE applications or interior remodeling projects.**

**Please attach a check in the amount of \$100.00 made payable to the " CWPCA".** This fee is established by the Town of Cromwell Water Pollution Control Authority (CWPCA).

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to 53a-157b of the General Statutes, and in accordance with any other applicable statute.

\_\_\_\_\_  
Signature: Owner or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR TOWN USE ONLY**

Process Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Check #: \_\_\_\_\_

Change of Ownership/Business: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

***For additional information call the Sewer Department at (860) 632-3430.***