



**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.

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.