

DATE: _____

TOWN OF TOLLAND – WATER POLLUTION CONTROL AUTHORITY

APPLICATION FOR WAIVER OF FATS, OILS, & GREASE (FOG) REGULATION REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING:

Inspection Fee: \$250 due with application payable to Town of Tolland WPCA

- List of Kitchen Equipment
- Menu Approved by Eastern Highlands Health District

Name of Facility: _____

Facility Address: _____

This Facility is a Class ____ Food Service Establishment

Class III – Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four hours of preparation.

Class IV – Food Service Establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four hours prior to consumption by the public.

The Owner of Record of this Facility is:

Name: _____ Tel. No.: _____

Mailing Address: _____

Town, State, Zip Code: _____

E-Mail: _____

Signature of Owner

For Office Use Only

REVIEWED/INSPECTED BY: _____ **DATE:** _____

(circle one)

Town Staff

REVIEWED BY: _____ **DATE:** _____

Eastern Highlands Health District

APPROVED BY: _____ **DATE:** _____

DENIED BY: _____ **DATE:** _____

COMMENTS: _____

Signature of Water Pollution Control Authority