City of Taunton
FOG Control Program
45 School Street
Taunton, Massachusetts 02780-3212

Kevin M. Duquette
FOG Enforcement Agent

Food Service FOG Temporary Use Application

Date:_____

Name of Establishment:_____

Establishment Address:_____

_____

_____

Establishment Owners Name:_____

Contact Person Name (if different than owner):_____

Business Phone Number:_____

Establishment Information:

Number of seats:_____

Number of sinks excluding bathroom sinks:_____

Number of grease traps and interceptors servicing the facility:_____

Number of floor drains that service the facility:_____

Number of days per year the kitchen facilities are used for food preparation:_____

Event Information:

Will food be prepared at the site? Yes_____No_____

What types of food will be prepared?

_____

_____

Telephone (508) 822-0316 or (508) 821-1400 Fax (508) 821-1403

How will you be disposing of food waste, fats, oils, and grease?_____

_____

_____

Where and how will you be cleaning your cooking materials and equipment?_____

_____

_____

Additional Comments:

_____

_____

_____

_____

Owner/Contact Person Signature_____Date:_____