



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

APPLICATION FOR FOG PERMIT
Fats, Oils, & Grease

Application must be submitted 30 days before renewal date.
 (see below for fee schedule)

**NOTE: FOG Payment may be made annually with Food Establishment application
 by checking appropriate box on that application and including fee.**

PERMIT EXPIRES ON DECEMBER 31st.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	
CHECK# _____	

Business Name: _____

Email Address: _____

Business Address: _____

Mailing Address (if different): _____

Business Telephone #: _____

Owner's Name: _____

Attach copy of FOG Certification (Name): _____

FEE SCHEDULE: PAYMENT IS DUE WITH APPLICATION	
• 3 grease interceptors/traps or less <u>AND/OR</u> 1 yellow grease collection container	• \$ 50.00/year
• Each grease interceptor/trap over 3	• Additional \$50.00/year (maximum charge of \$200/year)
• Any establishment that generates FOG and does not have FOG containment	• Fee of \$50.00/year

Exemptions:

- Seasonal mobile food service units
- Non-profit, clubs, and religious organizations approved by the Board of Health.

I, the undersigned have obtained and reviewed the Foxborough Board of Health Fats, Oils, and Grease (FOG) regulations approved and adopted on April 4, 2011.

I, the undersigned certify under the penalties of perjury that the applicant has filed all state and local tax returns and paid all state and local taxes as required by law (MGL CH. 62c Sec. 49A).

 Name/Title of Applicant

Signature of Applicant: _____

Date: _____