

Fats Oils and Grease
Food Service Establishment (FSE)
Contact Form



Name of Facility	Location Address	Phone Number
Owner	Mailing Address	Phone Number:
		Email Address:
Manager/24-Hour Contact (s)		Phone Number:
		Email Address:
Business License Number	FSE Service Address (as billed)	FSE Billing Account Number

Type of Food Service Establishment (FSE)							
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Hospital		<input type="checkbox"/> Church		<input type="checkbox"/> Coffee Shop		
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> School/College/Educational Institution		<input type="checkbox"/> Club/Organization		<input type="checkbox"/> Grocery Store		
<input type="checkbox"/> Carry Out	<input type="checkbox"/> Bakery		<input type="checkbox"/> Nursing Home/Assisted Living/ Senior Citizens		<input type="checkbox"/> Cafeteria		
<input type="checkbox"/> Ice Cream Establishment			<input type="checkbox"/> Other				
Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I certify under the penalty of perjury that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or person directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that if a permit is issued, I am responsible for the submittal of all receipts, payments of fees, and costs.

Owner/Authorized Representative (print)		Title
Signature		Date