



City of Hodgenville FOG Exemption Application
www.cityofhodgenvilleky.com

Directions: Please provide the following information so that we may better serve you. This application was developed in order to address Food Service Establishments. Please return this questionnaire to the **City of Hodgenville Code Enforcement**.

GENERAL INFORMATION:

Company Name: _____

Owner Name: _____

Owner Phone Number: _____ Cell: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Facility Phone Number: _____

Type of Business: _____

FACILITY OPERATIONS

Does your facility prepare or serve food? _____

What types of food is prepared or served? _____

Please Explain which part(s) of the FOG Management Program this facility is requesting exemption from and explain in detail, the reasoning/ justification for this exemption request:

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief that such is true, complete, and accurate.

Signature: _____ Date: _____