

VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Hodgenville, Kentucky
APPLICATION FOR FOG MANAGEMENT PROGRAM

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the LaRue County Health Department, Environmental Services 215 East Main St, Hodgenville, Kentucky, Phone: 270-358-8665, before submitting your application for an FOG DISCHARGE PERMIT.

Address of premises to be licensed: _____

This is to certify that the premises listed above has met all necessary requirements for Grease, Oil and/or sand interceptors in order to comply with the Kentucky Food Service Code. Special conditions:

*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail Food code requirements prior to commencing operation.

Signed this _____ day of _____, 20 _____

LaRue County Health Department Representative