



# City Of Oxford

## FATS, OILS, and GREASE APPLICATION

### General information

<i>Business Name:</i>	
<i>Owner Name:</i>	
<i>Mailing Address:</i>	
<i>Telephone:</i>	
<i>Home</i>	<i>Cell</i>
<i>Email:</i>	
<i>Contact Person who can answer inquires about this application:</i>	
<i>Is this application new or for permit renewal:</i>	
<i>New</i> _____	<i>Renewal of Permit #</i> _____
<i>Authorized signing representative name:</i>	
<i>How many days per week will the business be open?</i> _____ <i>Hours of Operation</i> _____	
<i>Types of Food Prepared:</i>	
<i>Does this site currently have a grease trap?</i> _____ <i>yes</i> _____ <i>no</i>	
<i>If yes to above question is the trap :</i> _____ <i>indoor</i> _____ <i>outdoor</i>	
<i>Location Of Trap? ( If Known)</i>	

**Signature Of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_