



Town of Mansfield Health Department

APPLICATION FOR FATS, OILS, and GREASE DISCHARGE PERMIT
RESTAURANT & FOOD PREPARATION ESTABLISHMENTS

All items in this section must be completed.

Business Name: _____

Address: _____

Mailing Address: _____

Phone/Fax Number: _____

Email: _____

Contact Person/Title: _____

Person to contact concerning information provided herein:

Name: _____

Title: _____

Business Phone Number: _____

Does the business own or rent the facility? _____

If rented, provide the Name, Address and Telephone Number of the property owner below:

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number: _____

I THE UNDERSIGNED HAVE OBTAINED AND REVIEWED THE MANSFIELD BOARD OF HEALTH FATS, OILS, AND GREASE (FOG) REGULATIONS APPROVED AND ADOPTED ON OCTOBER 4, 2018.

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

DATE

Facility Operational Information

Please answer all questions in this section. If an item is not applicable, indicate "N/A". Unless otherwise specified, please print or type.

Seating Capacity (per Fire Department Regulation): _____

Seating Capacity (Actual Count): _____

Normal Hours of Food Preparation/Service:

Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____
 Sunday _____

Please indicate the NUMBER of kitchen fixtures used in your establishment and if it is attached to a Grease Removal Units (GRU/trap)

Number in establishment	Attached to GRU	
		3 compartment sink
		Handwashing sink
		Commercial Dishwasher
		Domestic Dishwasher
		Bar sink
		Mop Sink
		Garbage Disposal
		Ice Making Machines
		Fryolators
		Grills or Ovens
		Exhaust Hoods with Automatic Cleaning System
		Exhaust Hoods without Automatic Cleaning System
		Floor drains
		Other:

If exhaust hoods are without an automatic cleaning system, how are hoods cleaned? (i.e., in three (3) bay sink, off site):

Is dinnerware pre-rinsed before being washed? _____ Yes _____ No

If yes, at what station/sink? _____

Any additional water using devices? _____ Yes _____ No

If yes, how many: _____

If yes, what type: _____

Sanitary Fixtures (Total):

Number of Lavatory Sinks _____

Number of Toilets _____

Number of Urinals _____

Does this establishment have an outdoor Grease Removal Unit (GRU/Interceptor)?

_____ Yes _____ No Size _____ gallons

Where is the existing outdoor GRU located? _____

Does this establishment have any indoor Grease Removal Units (GRU/trap)?

_____ Yes _____ No

If yes, where are the existing indoor GRUs located?

Location	Size (gallons)	Automatic/ Passive

If a grease removal unit is utilized, how often is the grease removal unit cleaned?

Outdoor: _____ per year Name of Hauler _____

Indoor: _____ per year Name of Hauler _____

Do you have external storage of grease waste? _____ Yes _____ No

Where is the grease storage unit located? _____

Is the grease storage unit locked? _____

How is the grease storage unit cleaned? _____

How is the area around the unit cleaned? _____

Are there any storm drains near the unit? _____

How often is this grease storage unit emptied? _____

Please list the vendor who removes the waste: _____

Describe the location(s) in your facility where samples may be obtained after any grease removal processes but prior to any mixing with domestic sewerage:

Outside Manhole _____

Outlet Tee _____

Inside Floor Drains _____

Under sink Grease Traps _____

Other _____

Describe liquid wastes, other than what is removed from any GRUs that are hauled away for disposal (such as recyclable oil, etc.):

Type of Waste	Waste Hauler	Disposal Site

Please attach the following documents to this application:

- Menu of the foods prepared and served at the facility
- Most recent waste hauler receipt or waste hauler manifest
- Appropriate permit fee based on new fee schedule (Checks can be made out to the Town of Mansfield)

Food Establishments	Fee
3 grease interceptors/traps or less and/or 1 yellow grease collection container	\$50
Each grease interceptor/trap over 3	\$50 (\$200 max)
Any establishment that generates FOG and does not have FOG containment	\$50

In consideration of the granting of the permit, the undersigned agrees to the conditions of the permit and acknowledges that the information submitted in these documents is true, accurate and complete.

Signed _____ Date _____

Print Name _____