

Food Service Establishment and Grease Control Device Registration

Food Service Establishment's Name (DBA)

Food Service Establishment's Legal Name

Owner/Manager

Tax ID

Registered Agent

Address

City

State

Zip

Email Address

Location Phone Number

Do you have a grease control device? Yes _____ No _____

If yes, how many devices do you have? _____

Complete and return to:

FOGInfo@nnva.gov