Grease Waste Hauler Annual Registration Form

New Registration | Renewal Registration

Section 1 – General Information

Name of Registrant__________________________________________________________

Street Address____________________________________________________________

City_________________________________ State_______  Zip Code_____________

Telephone Number_________________________ After Hours_____________________

Establishment Mailing Address (if different from above) DO NOT USE P.O. BOX

Street Address____________________________________________________________

City_________________________________ State_______ Zip Code_____________

Designated Signatory Authority of the Registrant

Name__________________________________________________________

Title_____________________

Street____________________________________________________________

City_________________________________ State_______ Zip Code_____________

Telephone Number_________________________ e-mail Address________________________

Alternate Number_________________________ Fax Number________________________

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Section 2 – Registrant’s Operational Characteristics

(a) Please indicate the type, license tag number, tank capacity of each vehicle that will be used to pump or transport grease waste from food service establishments located within the City of Leesburg sanitary sewer service area.

(1) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(2) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(3) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(4) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(5) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(6) Year, Make, and Model________________________________________________________

License Tag Number  __________________________________________________________

Capacity of truck tank________________________________________________________

(b) Are the Trucks equipped with a Pressure Washing Equipment? ________________

for cleaning grease traps and grease interceptors.
(c) Please provide a list of all disposal sites that the registrant uses or intends to use.

(1) Disposal Site Name____________________________________________________________
Disposal Site Address___________________________________________________________
____________________________________________________________
Disposal Site Telephone Number__________________________________________________
Disposal Site Contact Name______________________________________________________

(2) Disposal Site Name____________________________________________________________
Disposal Site Address___________________________________________________________
____________________________________________________________
Disposal Site Telephone Number__________________________________________________
Disposal Site Contact Name______________________________________________________

(3) Disposal Site Name____________________________________________________________
Disposal Site Address___________________________________________________________
____________________________________________________________
Disposal Site Telephone Number__________________________________________________
Disposal Site Contact Name______________________________________________________

(d) Please describe the registrant’s written emergency spill clean-up and notification procedures.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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Please submit the following information to complete the registration application:

- A current copy of registrant’s certificate of liability insurance.
- Submission of current registration certificate number if requesting registration renewal.
- A check in the amount of $150 (one hundred & fifty) dollars made payable to the City of Leesburg. Mailing address 550 S. 14\textsuperscript{th}. Street, Leesburg, FL 34748

I hereby certify all information provided to the City of Leesburg, Public Works Dept. is true, complete and correct, to the best of my knowledge. I agree to use only approved disposal sites for all liquid and/or hazardous waste material transported. Furthermore, I agree to submit all manifests within the required 48 (forty eight) hour time period as well as to abide by the City of Leesburg’s Ordinance Chapter 22, Section 22-120.

Applicant (or Responsible Official) Signature____________________________________

Date________________