



City of Leesburg, Florida

Public Works Department

Oil & Grease Management Program

550 S 14TH Street

Leesburg, FL, 34748

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 _____

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.

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. 14th. 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_____