



CITY OF TARPON SPRINGS, FLORIDA

Fats, Oils, and Grease Management Program

201 East Pine Street
Tarpon Springs, Florida 34689
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Grease Waste Hauler Registration Form

New Registration Renewal Registration

Article VIII of Chapter 20 of the Code of Ordinance for the City of Tarpon Springs, Section 20—102(a) provides that:

“Any person, firm, or business desiring to collect, pump, or haul grease interceptor wastes from food service establishments serviced by the City of Tarpon Springs’ WWF shall hold and maintain a current Pinellas County Grease Waste Hauler Permit and shall register with the City”.

Article VIII further provides that:

“The grease waste hauler shall complete and submit to the City a Grease Waste Hauler Program Registration Form”.

Grease Waste Hauler Registration forms shall be submitted thirty (30) days from the date of notification and grease waste haulers shall re-register bi-annually or at the discretion of the City of Tarpon Springs. Complete instructions for filling out this registration form are attached. **Please do not leave any section of this registration form blank; use “N/A” or “Not Applicable” for sections that do not apply to your business or firm.** Incomplete registration forms will be returned and not be considered received by the City until complete.

Please mail or deliver this completed registration form to:

City of Tarpon Springs Wastewater Treatment Facility
Attn: FOG Management Program
201 East Pine Street
Tarpon Springs, Florida 34689

If you have any question or require assistance with the completion of the Grease Waste Hauler Registration form, please refer to the following “Instructions to Complete Grease Waste Hauler Registration Form” or contact the City of Tarpon Springs FOG Management Program at (727) 942-5616.

Instructions for Completing the Grease Waste Hauler Registration Form

All registration form questions must be answered. Please do not leave any section of the application blank; use "N/A" or "Not Applicable" for sections that do not apply to your business or firm. Incomplete registration forms will be returned and not considered received until complete.

Section I – General Information

- (a) Name of Registrant. Enter the business or firm's legal or official name; do not use a colloquial name.
- (b) Address of Registrant. Provide the physical location of the business or firm that is registering with the City of Tarpon Springs to collect, pump, or transport grease interceptor wastes from food service establishments located within the City's sanitary sewer service area. Include the telephone number and an after hours emergency number.
- (c) Mailing Address of Registrant. Provide the mailing address where correspondence from the City may be sent if different from (b) above. This location **MUST** be able to accept Certified Mail; P.O. Box numbers will not be accepted.
- (d) Designated Signatory Authority of Registrant. Provide all names of authorized signatories for the establishment for the purposes of signing registration forms, applications, reports, etc. An authorized signatory is defined as:
 - (1) A responsible corporate officer if the business or firm is submitting a registration form, application or report for a corporation, limited liability corporation, or similar entity. A responsible corporate officer shall mean:
 - a. A president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation or entity; or
 - b. The manager of one or more manufacturing, production, or operation facilities employing more than two hundred and fifty (250) persons or having gross annual sales or expenditures exceeding twenty-five (25) million dollars (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - (2) A general partner or proprietor if the business or firm submitting a registration form, application or report is a partnership or sole proprietorship; a general partner or proprietor, respectively.
 - (3) A director or highest official appointed or designated to oversee the operation and performance of the activities of a governmental facility if the establishment submitting an application or report is a Federal, State, or local governmental facility.
 - (4) The individuals described in paragraphs (1) through (3) above may designate another authorized representative if:
 - a. The authorization is made in writing by the individual described in paragraph (1), (2), or (3); and
 - b. The authorization specifies either the individual or a position having responsibility for the overall operation of the establishment, such as a position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matter for the company; and
 - c. The written authorization is submitted to the City.
 - (5) If an authorization under paragraph (4) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the establishment or facility, or overall

responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (4) of this section must be submitted to the City prior to or together with any application or report to be signed by an authorized representative.

- (e) Designated Registrant Contact. Provide the name and telephone number of a person who is thoroughly familiar with the operation of the business or firm (i.e., a manager) and who can be contacted by the City of Tarpon Springs. This is the person who will receive correspondence from the FOG Management Program.

Section II – Registrant's Operational Characteristics

- (a) Provide a list of all vehicles the business or firm intends to use to pump or transport grease waste from food service establishments located within the City of Tarpon Springs sanitary sewer service area. Indicate the type of vehicle that will be used as well as the license tag number and truck tank capacity.
- (b) Provide a list of all personnel employed by the business or firm that are utilized to pump or transport grease waste from food service establishments located within the City of Tarpon Springs sanitary sewer service area. Indicate the employee's name as it appears on their driver's license.
- (c) Provide a list of all disposal sites that business or firm uses or intends to use for grease waste removed from food service establishments located within the City of Tarpon Springs sanitary sewer service area. Include the disposal site name, address, telephone number and the name of the contact person for the disposal site.
- (d) Provide the business or firm's written emergency spill clean-up and notification procedures. A copy of the business or firm's Standard Operating Procedures (SOP) may be submitted in lieu of completing this section provided that the SOP outlines emergency spill clean-up and notification procedures.

Attach the following:

- **A current copy of the registrant's Pinellas County "Grease Waste Hauler Permit"**
- **A current copy of the registrant's State of Florida Department of Health license, if applicable, and**
- **Proof of financial assurance in the amount of ten thousand dollars (\$10,000.00).**

Section VII. – Authorized Signatory

Carefully read the certification statements and sign and date the application form. Be sure to include the title of the authorized signatory and a telephone number.

Section I – General Information

(a) Name of Registrant: _____

Telephone Number: _____

(b) Address of Registrant:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ After Hours Emergency Number: _____

(c) Establishment Mailing Address: (If different from (b) above) **DO NOT USE P.O. BOX**

Street: _____

City: _____ State: _____ Zip Code: _____

(d) Designated Signatory Authority of the Registrant: (See instructions)

Name: _____

Title: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ e-mail Address: _____

Alternate Number: _____ Facsimile Number: _____

(e) Designated Registrant Contact:

Name: _____

Title: _____

Telephone Number: _____ e-mail Address: _____

Section II. – Registrant’s Operational Characteristics

(a) Please indicate the type, license tag number, and capacity of each vehicle that will be used to pump or transport grease waste from food service establishments located within the City of Tarpon Springs sanitary sewer service area. New or replacement equipment acquired subsequent filing this registration form with the City shall be reported to the City prior to use. (Attach additional sheets, if necessary)

- (1) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (2) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (3) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (4) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (5) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (6) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (7) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____
- (8) Year, Make, and Model: _____
License Tag Number: _____
Capacity of truck tank (in gallons): _____

(b) Please provide a list of all drivers or personnel that are used by the registrant to clean grease traps, pump and transport grease interceptor waste, or install or repair grease traps or interceptors. New personnel acquired by the registrant subsequent filing this registration form with the City shall be reported to the City prior to the new personnel providing service to food service establishment's located within the City's sanitary sewer service area. (Attach additional sheets, if necessary)

- (1) Name as it appears on Driver's license: _____
- (2) Name as it appears on Driver's license: _____
- (3) Name as it appears on Driver's license: _____
- (4) Name as it appears on Driver's license: _____
- (5) Name as it appears on Driver's license: _____
- (6) Name as it appears on Driver's license: _____
- (7) Name as it appears on Driver's license: _____
- (8) Name as it appears on Driver's license: _____
- (9) Name as it appears on Driver's license: _____

(c) Please provide a list of all disposal sites that the registrant uses or intends to use. (Attach additional sheets if necessary)

- (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 : _____
Site Contact Name: _____

Please note, for this registration to be complete, please attach the following:

- **A current copy of the registrant’s Pinellas County “Grease Waste Hauler Permit”**
- **A current copy of the registrant’s State of Florida Department of Health license, if applicable, and**
- **Proof of financial assurance in the amount of ten thousand dollars (\$10,000.00).**

Section III. – Authorized Signature

I certify that I have received and read Article VIII of Chapter 20 of the City Code of Ordinances and understand that any person, firm, or business desiring to collect, pump, or haul grease interceptor wastes from food service establishments serviced by the City of Tarpon Springs’ WWF shall hold and maintain a current Pinellas County Grease Waste Hauler Permit and shall register with the City.

I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____ Name	_____ Title	
_____ Signature	_____ Date	_____ Phone

For City use only

Registration complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registration form returned to registrant for completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date returned to registrant:	_____	

_____ Date	_____ Registration Reviewer
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