



**Hillsborough  
County Florida**

**Public Utilities**

**HILLSBOROUGH COUNTY**

**GREASE HAULER PERMIT APPLICATION**

In accordance with Hillsborough County Code, Section 120-196, any person, firm or business desirous of collecting, pumping or hauling grease interceptor or trap wastes from businesses within Hillsborough County shall be required to register with the County.

Application for Grease Hauler Registration shall be made by completing the attached Grease Hauler Registration Application Form. No sections of the registration form should be left blank; use "N/A" or "Not Applicable" for sections that do not apply to your business or firm. The completed application must have an original physical signature when submitted. Incomplete registration forms will be returned and not considered received by the County until complete.

The County shall approve, deny, or approve with conditions all applications by written notice within 45 calendar days of the County's receipt of the completed application form.

Each Grease Hauler Registration shall be effective for a period of three years. The Grease Hauler Registration is not transferable. Registered haulers shall update information with the County annually from the date of issuance of registration.

**Please send the completed application to:**

**Hillsborough County Public Utilities  
Fats, Oils, and Grease Management Program  
Brandon Support Operations Complex  
332 N. Falkenburg Rd.  
Tampa, FL 33619**

If you have any questions or require assistance with completion of the Grease Hauler Registration Form, please contact the Fats, Oils, and Grease Management Program at (813) 272-5977 Ext. 43269



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**GREASE HAULER REGISTRATION APPLICATION FORM**

**SECTION I. GENERAL INFORMATION**

1. New Registration                      Renewal Registration                      (Choose Appropriate Type)

2. Business Name: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Business E-mail: \_\_\_\_\_

5. Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

6. Designated representative (person who is able to legally act on behalf of business)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_



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**SECTION II. VEHICLE INFORMATION**

Please list below all trucks or vehicles used to collect, pump or haul grease waste.  
(Attach additional sheets if necessary)

1. Vehicle Make, Model, Color, and Year: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Insurance Policy and Expiration Date: \_\_\_\_\_  
License Tag Number: \_\_\_\_\_ Vehicle Tank Capacity (Gallons): \_\_\_\_\_  
One or Two Compartment Vehicle Tank: \_\_\_\_\_
  
2. Vehicle Make, Model, Color, and Year: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Insurance Policy and Expiration Date: \_\_\_\_\_  
License Tag Number: \_\_\_\_\_ Vehicle Tank Capacity (Gallons): \_\_\_\_\_  
One or Two Compartment Vehicle Tank: \_\_\_\_\_
  
3. Vehicle Make, Model, Color, and Year: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Insurance Policy and Expiration Date: \_\_\_\_\_  
License Tag Number: \_\_\_\_\_ Vehicle Tank Capacity (Gallons): \_\_\_\_\_  
One or Two Compartment Vehicle Tank: \_\_\_\_\_
  
4. Vehicle Make, Model, Color, and Year: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Insurance Policy and Expiration Date: \_\_\_\_\_  
License Tag Number: \_\_\_\_\_ Vehicle Tank Capacity (Gallons): \_\_\_\_\_  
One or Two Compartment Vehicle Tank: \_\_\_\_\_
  
5. Vehicle Make, Model, Color, and Year: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Insurance Policy and Expiration Date: \_\_\_\_\_  
License Tag Number: \_\_\_\_\_ Vehicle Tank Capacity (Gallons): \_\_\_\_\_  
One or Two Compartment Vehicle Tank: \_\_\_\_\_



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**SECTION III. DRIVER / PERSONNEL INFORMATION**

Please list below all drivers and personnel who clean interceptors or traps. Name listed should be as it appears on Driver's License. (Attach additional sheets if necessary)

1. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
5. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
6. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
7. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
8. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
9. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_
  
10. Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_



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**SECTION IV. DISPOSAL SITES**

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

1. Disposal Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Disposal Site Phone #: \_\_\_\_\_
  
2. Disposal Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Disposal Site Phone #: \_\_\_\_\_
  
3. Disposal Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Disposal Site Phone #: \_\_\_\_\_

**SECTION V. CERTIFICATION STATEMENT**

I certify under penalty of law that the information submitted in this application is, to the best of my knowledge and belief, true, accurate, and complete. I also agree to abide by the requirements contained in the Hillsborough County Code of Ordinances, Section 120-193 through 120-196, as well as any other applicable Federal, State, or Local regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**