



PINELLAS COUNTY

GREASE WASTE HAULER PERMIT APPLICATION

In accordance with Pinellas County Code, Section 126-614, any person, firm, or business desirous of collecting, pumping or hauling grease wastes from businesses located within Pinellas County must obtain a Grease Waste Hauler Permit from the County. Application shall be made by completing the attached Grease Waste Hauler Permit Application Form. Applications must be typed, or printed neatly using black ink. Incomplete applications shall be returned without further review.

The County shall approve or deny the application within thirty (30) days of receipt. Permit denial may be appealed by hearing before a staff member appointed by the County Administrator or his/her designee. Notification of permit denial shall be delivered via certified mail, return receipt requested, or hand delivery.

Each Grease Waste Hauler Permit approved by the County shall be effective for a period of three (3) years, and may include special conditions as required by the County. Permits shall not be transferable or assignable. An application for permit renewal shall be submitted at least sixty (60) days prior to the expiration date of the existing permit.

A permit number will be assigned to each grease waste hauler business, and a vehicle decal shall be provided by the County for each vehicle. Only permitted vehicles with a properly displayed decal may be used to collect grease in Pinellas County. Any Grease Waste Hauler Permit approved by the County may be revoked in the event the applicant fails to abide by conditions established in the Pinellas County Code, or the approved permit.

Please send the completed application to:

Pinellas County Department Utilities
Grease Management Program
1620 Ridge Rd S, Bldg. A
Largo, FL 33778



**PINELLAS COUNTY
GREASE WASTE HAULER PERMIT
APPLICATION FORM**

SECTION A. GENERAL INFORMATION

1. Business Name: _____
2. Type of Business: _____
(Corporation, sole proprietor, partnership, etc.)
3. Business Address: _____
4. City: _____ State: _____ Zip: _____
5. Company E-mail: _____
6. Business Phone #: _____ Fax #: _____
7. Emergency/After Hours Business Phone #: _____
8. Designated authorized representative for the business (person who is able to legally act on behalf of the business).

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

9. Designated data entry representative for manifesting requirements.

Name: _____

Email: _____

The email address will be used as the user ID for computerized online grease waste tracking system
NOTE: Sec. 126.619 (d): All grease waste service record information shall be entered into the computerized online greases waste tracking system no later than five business days after a food service establishment's grease interceptor or grease trap has been serviced.

10. List all permits that are currently held by this business:

Permit Type	Permit Number	Issuing Agency
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11. Attach documentation that the business has financial assurance in the amount of \$10,000, which is valid for a minimum of three years. This assurance shall be used to guarantee disposal costs payable to the County, fees or fines, and the costs of any damages that may result from this business's operations. Financial assurance documents shall be issued in favor of Pinellas County.

SECTION B. SERVICE INFORMATION

1. Indicate service(s) provided by this business as they pertain to pumping, transporting or disposing of grease wastes (check all that apply).

- Pump Grease Interceptors
- Provide Additional Plumbing Services
- Provide In-Situ Chemical Treatment for Grease Interceptors
- Provide Treatment for Grease Wastes
- Other (specify): _____

2. List all vehicles that will be used to pump or transport grease and septic waste (if applicable). Attach proof of insurance for all listed vehicles. (NOTE: New or replacement equipment acquired subsequent to this application must be incorporated into the permit through a permit modification prior to use.)

	Vehicle Make/Model	License Tag Number	Vehicle Capacity (Gallons)	VIN Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Attach an additional sheet if necessary

3. List all sites that are currently being used or anticipated to be used for the disposal of grease wastes:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attach an additional sheet if necessary

4. Indicate the operating hours/days for this business: _____
5. List the average quantity of grease disposed of each month: _____ Gallons

SECTION C. SPILL PREVENTION AND RESPONSE

Each permitted Grease Waste Hauler is required to have a written plan in place to prevent or minimize the potential for spills, and to respond to spills should they occur. This plan must list spill prevention procedures such as routine vehicle inspections; procedures used to pump grease wastes out of the interceptor, and discharge waste at the disposal site; procedures for measuring the depth of grease and solids in the interceptor; a description of the employee training program; and spill cleanup and reporting procedures.

****Attach a copy of the spill plan for your business.**

SECTION D. 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 agree to abide by the regulations contained in the Pinellas County Code, Section 126-600 through 126-628, 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 (print)

SIGNATURE

TITLE

DATE

Bond # _____

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS: That _____,
as Principal, and _____,
as Surety, located at _____
(Business Address) are held firmly bound to Pinellas County, as Obligee in the sum of
TEN THOUSAND DOLLARS AND NO CENTS (\$10,000) for the payment whereof we
bond ourselves, our heirs, executors, personal representatives, successors and
assigns, jointly and severally.

WHEREAS, Principal has accepted a permit for the hauling of grease wastes
and agreed to abide by the regulations in Pinellas County Code, Section 126-600
through 126-650, as well as any other applicable Federal, State or Local regulations.
The term of this Bond shall be the same as the term of the permit.

THE CONDITION OF THIS BOND is that if Principal:

1. Discharges grease waste in accordance with Pinellas County Code, Section 126-600 through 126-650 and the permit accepted there under, as well as any other applicable Federal, State or Local regulations.
2. Pays Obligee any and all loses, damages, costs and attorneys' fees that Obligee sustains because grease waste discharges not specifically authorized by Pinellas County Code, Section 126-600 through 126-650 and the permit accepted thereunder, as well as any other applicable Federal, State or Local regulations.

This instrument shall be construed in all respects as a common law bond.

In no event will the Surety be liable in the aggregate to Obligee for more than the penal sum of this Performance Bond regardless of the number of suits that may be filed by Obligee.

IN WITNESS WHEREOF, the above parties have executed this instrument this _____ day of _____, 20____, the name of each party being affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Signed, sealed and delivered
in the presence of:

PRINCIPAL:

Witnesses as to Principal

By: _____

Name: _____

Its: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, as _____ of _____, a _____ corporation, on behalf of the corporation. He/she is personally known to me **OR** has produced _____ as identification.

My Commission Expires:

(AFFIX NOTARY SEAL)

Notary Public (Signature)

Printed Name

(Title or Rank)

(Serial Number, if any)

ATTEST:

SURETY:

(Printed Name)

Witnesses as to Surety

(Business Address)

(Authorized Signature)

(Printed Name)

OR

Witnesses

As Attorney in Fact
(Attach Power of Attorney)

(Business Address)

(Printed Name)

(Telephone Number)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, as _____ of _____, Surety, on behalf of Surety. He/she is personally known to me **OR** has produced _____ as identification.

My Commission Expires:

(AFFIX NOTARY SEAL)

Notary Public (Signature)

(Printed Name)

(Title or Rank)

(Serial Number, if any)