



Department of Public Works
 650 W. Winchester Road
 Libertyville, Illinois 60048
 Phone 847 377 7500
 Fax 847 377 7173
PublicWorks@lakecountyl.gov

**FATS, OILS AND GREASES (FOG)
 APPLICATION**

I, the undersigned representative of the following described food service establishment, hereby request a Discharge License to operate and maintain a grease interceptor, pursuant to the Lake County Sanitary Sewer Fats, Oils, and Greases (FOG) Disposal Ordinance.

- NEW INSTALLATION (This serves as the installation & construction permit application)
- NEW LICENSE RENEW EXISTING LICENSE

Establishment Information:

Establishment Name: _____
 Name as it appears on sewer/water bill: _____
 Site Address (Do not use P.O. Box): _____
 Site City, ZIP: _____
 Site Phone: (____) _____ E-Mail: _____
 Name of shopping center your establishment is located in (if applicable): _____
 Mailing Address (if different from above): _____
 Mailing City, ZIP (if different from above): _____

Owner of Establishment:

Name: _____
 Address: _____
 City, ZIP: _____
 Phone: (____) _____ E-Mail: _____

Owner of Premises (if different than establishment):

Name: _____
 Address: _____
 City, ZIP: _____
 Phone: (____) _____ E-Mail: _____

Person or firm that will be installing the grease trap (if applicable):

Contact Name: _____
 Contact Phone: (____) _____ E-Mail: _____
 Company Name (if applicable): _____
 Mailing Address: _____
 City, State, ZIP: _____

NOTE: Your contractor must have a current license & permit bond with Lake County Public Works before the permit will be issued.

Submit completed application to: Email: publicworks@lakecountyl.gov or Fax: 847-984-5665

Site Managers (list all that apply):

Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____

Waste Hauler Information:

Company Name: _____
Company Address: _____
Company City, ZIP: _____
Contact Name: _____ Contact Phone: _____
Contact E-Mail: _____

Grease Trap/Interceptor Information:

<u>Location</u>	<u>Size (Gallons)</u>
_____	_____
_____	_____
_____	_____

Current Cleaning Frequency: _____
Date of Last Maintenance: _____
Date when trap(s) were fully pumped out: _____

Authorized Representative Statement:

I have personally examined and am familiar with the information submitted in this document. I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

_____	_____
PLEASE PRINT NAME	TITLE
_____	_____
SIGNATURE	DATE

FOR LAKE COUNTY PUBLIC WORKS USE ONLY – DO NOT WRITE BELOW THIS LINE

Application complete: Yes No
Application returned for completion: Yes No Date Returned: _____
License to Be: Issued Denied
Explanation for Denial: _____
Reviewed by: _____ Date: _____

Submit completed application to: Email: publicworks@lakecountyiil.gov or Fax: 847-984-5665