



Austin McFarlane
Interim Director

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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 CountyIL, Public Works Sewer and Fats, Oils, and Grease (FOG) Ordinance's.

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: _____
Mailing Name (if different from above): _____
Mailing Address (if different from above): _____
Mailing City, ZIP (if different from above): _____

Owner of Establishment:

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

Property owner of Establishment (if different than above):

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

Company or firm that will be managing the grease trap (if applicable):

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

Please email the completed application to: pwreports@lakecountyil.gov

Site Managers (list all that apply):

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

Waste Hauler Information: (Company that will be servicing and cleaning your grease recovery equipment)

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>
_____	_____
_____	_____
_____	_____

Trap Maintenance: Cleaning Frequency:

If Renewing License:

Date of Last Maintenance: _____

Date when trap(s) were fully pumped out: _____

Authorized Representative Statement: (Responsible for the maintenance and and up keep or the grease handling devices)

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: _____

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