



## TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-5888

### APPLICATION FOR FATS, OILS AND GREASES CONTROL LICENSE

THIS APPLICATION TO BE COMPLETED BY HAULER

BUSINESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

PERSON TO CONTACT CONCERNING INFORMATION PROVIDED IN THIS APPLICATION:

NAME OF CONTACT \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BILLING INFORMATION:

BILLING CONTACT NAME: \_\_\_\_\_

BILLING CONTACT ADDRESS: \_\_\_\_\_

BILLING CONTACT PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

I further certify that:

The Fats, Oils and Greases are not commingled with any other waste. All relevant information about the Fats, Oils and Greases waste regarding known or suspected hazards in the possession of the generator has been disclosed as defined in Code 13.14. You are in receipt of the Township's Best Management Practices per section A of 13.14.050.

Return your completed application, along with **\$100 check** (made payable to "*Township of Berkeley Heights*") to:

**Board of Health  
Township of Berkeley Heights  
29 Park Avenue  
Berkeley Heights, NJ 07922**

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#### HEALTH DEPARTMENT:

I Recommend: ( ) Approval ( ) Disapproval

Payment Received \_\_\_\_\_

o Amount \$ \_\_\_\_\_

o Check # \_\_\_\_\_