



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

BUSINESS NAME: _____ EMAIL: _____

BUSINESS ADDRESS: _____

PHONE: () _____ FAX: () _____

HAULER'S COMPANY INFORMATION:

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

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval

Payment Received _____

o Amount \$ _____

o Check # _____