



City of Hodgenville FOG Management Program
Waste Hauler Permit Application
www.cityofhodgenvilleky.com

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

Contact Person: _____

Primary Owner/ Operator: _____

Owner/ Operator Phone Number: _____

Emergency Contact: _____

Emergency Phone Number: _____

Hours of Operation: _____

Business Liability Insurance Carrier: _____

Policy Number: _____

Number of Hauling Vehicles: _____

Haul Tank Volume Capacity: _____

Hauled Waste Characteristics: _____

Driver Name: _____

Approximate Discharge Rate (GPM): _____

List Vehicle License Plate Numbers: _____

DOT Number: _____

I certify under penalty of law that this document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature: _____ Date: _____