



# GREASE CONTROL PROGRAM PERMIT APPLICATION

Please mail your completed and originally signed application to:

KUB Grease Control Program

Mailstop JK-15

P.O. Box 59017

Knoxville, TN 37950

**DO NOT SUBMIT VIA FAX OR EMAIL. ORIGINAL SIGNATURE REQUIRED.**

If you have questions or need help completing this application, please call 865-594-8337 for assistance.

**BOTH SIDES OF APPLICATION MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED AND PROCESSED**

Business Name: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Zip: \_\_\_\_\_

Business Address (Mailing): SAME AS ABOVE or \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Business Owner's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Owner's Name(s): \_\_\_\_\_

Does the business owner own the property / building? Yes No

If rented, Property Owner's Name: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

If this business is designated as a Corporation, provide the following information:

Name of Corporation: \_\_\_\_\_

Corporate Contact Name: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Phone Number: \_\_\_\_\_

Registered Agent for Corporation: \_\_\_\_\_

As necessary, KUB will mail program information or official correspondence to Food Service Facilities.

Circle the primary address where these mailings should be sent:

Business Address (Physical)

Business Address (Mailing)

Corporate Address

Property Owner's Address

*Non-compliant notices and other program information may also be sent to the property owner at KUB's discretion.*

<b>Business Name:</b>								
<b>Facility's hours of operation (specify each day):</b>								
<b>Prepared or served at this facility (circle all that apply):</b> Food Prep Only       Drinks Only       Snacks       Breakfast       Lunch       Dinner								
<b>Facility's seating capacity:</b> 0              1 to 10              11 to 25              26 to 50              51 to 100              101 to 250              Over 250								
<b>How many kitchens does this facility contain?</b>								
<b>Enter a NUMBER (1, 2, 3, etc). Please DO NOT answer with an "X" or "✓"</b>								
<b>How MANY of each of the following types of equipment are or will be installed in this facility (not including the restrooms)?</b>								
_____ Food Waste Grinder or Disposer	_____ Single Sink (Hand-washing Only)	_____ Double Sink						
_____ Mop Sink	_____ Single Sink (Food Prep)	_____ Triple Sink						
_____ Floor Drain	_____ Oven (Conventional or Convection)	_____ Wok						
_____ Dishwasher Prerinse Sink	_____ Oven (Microwave)	_____ Grill						
_____ Dishwasher **	_____ Fryer							
**If a dishwasher will be used within this facility, provide the following information for each dishwasher:								
(1) The gallons of water discharged per cycle = _____ gallons per cycle and								
(2) The average racks/cycles per day that are put through the dishwasher = _____ racks/cycles per day.								
<b>Will this facility be <u>primarily</u> one of the following: (1) a restaurant that prepares meals, (2) a cafeteria/buffet, (3) a school, (4) a food production facility, (5) a grocery store deli or (6) a bar with a food menu? {If any one of these is true, circle YES.}</b>							YES	NO
<b>Will this facility <u>only</u> serve packaged food that is prepared and cooked at a different facility?</b>							YES	NO
<b>Will this facility <u>only</u> serve food on disposable packaging with disposable utensils?</b>							YES	NO
<b>Will this facility <u>only</u> serve frozen, cold, room temperature, warmed, toasted and/or catered in food? If cooking or frying will occur on-site, circle NO.</b>							YES	NO
<b>Will this facility prepare or serve food that is cooked or fried on-site?</b>							YES	NO
<b>Will this facility <u>only</u> offer delivery and/or take out service, and there is no dine-in or dine-on premises seating? {Drive-through only facilities and facilities with dine-in or dine-on premises seating should circle NO.}</b>							YES	NO
<b>Are any chemical or biological additives used on a constant, regular or scheduled basis?</b>							YES	NO
<b>Does this facility have existing grease control equipment (trap or interceptor)?</b>							YES	NO
Provide the following for <u>each</u> piece of existing grease control equipment (attach additional pages if multiple devices are installed):								
Location (i.e., under the triple sink) : _____					Grease Capacity (if known): _____ lbs. OR gals.			
Manufacturer (if known): _____					Measurements of trap in inches (LxWxH): _____			

I certify that I am, or have been authorized by the business and/or property owner, to sign this document and acknowledge that I have read KUB's Grease Control Program. I also understand that if the facility is remodeled or there is a change in ownership of the business, I must immediately submit to KUB in writing such changes or possibly be in violation of my Grease Control Permit, which is nontransferable. I am aware that there are penalties for submitting false information, including the possibility of enforcement actions in accordance with KUB's Rules and Regulations for the Wastewater Division, KUB's Grease Control Program and its associated Enforcement Response Guide.

My signature indicates that I am the person responsible for ensuring that the business listed on this Grease Control Permit Application is compliant with KUB's Rules and Regulations for the Wastewater Division and KUB's Grease Control Program. I agree that the business listed on this Grease Control Permit Application will abide by all applicable provisions of KUB's Rules and Regulations for the Wastewater Division and understand that failure to do so may cause disconnection of water service or other enforcement actions in accordance with the Grease Control Program Enforcement Response Guide. I also understand that I am responsible for the grease control equipment and meeting the requirements of the Grease Control Program, even if I do not own the property. ***NOTICE : Failure of the responsible party for the business listed on this Grease Control Permit Application to sign this application does not relieve the business from any compliance requirements of KUB's Rules and Regulations for the Wastewater Division or KUB's Grease Control Program.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title/Relationship to Business: \_\_\_\_\_