



GREASE CONTROL PROGRAM PERMIT APPLICATION

(Mobile Food Unit)

Please mail the 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.

Owner's Physical Address KUB account number (if any KUB utilities are provided there): _____

Business Name of Mobile Food Unit: _____

Name of Mobile Food Unit's Owner(s): _____

Owner's Physical Address (cannot be a P.O. Box): _____

Zip: _____

Owner's Mailing Address: SAME AS ABOVE or _____

Zip: _____

Owner's Phone Number: _____ Alternate Phone Number: _____

Website: _____ Email Address: _____

Is this Mobile Food Unit designated as a Corporation? YES NO

If YES, provide the corporation information below.

Name of Corporation: _____

Corporate Contact Name: _____

Corporate Mailing Address: _____

Corporate Phone Number: _____

Registered Agent for Corporation: _____

As necessary, KUB will mail grease program information or official correspondence to Mobile Food Units.

Circle the primary address where these mailings should be sent:

Owner's Address (Physical)

Owner's Address (Mailing)

Corporate Mailing Address

Attach or provide a description of this unit's menu: _____

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

Business name of Mobile Food Unit:						
Estimated number of days per month that this unit will be open for business:						
Served from this Unit (circle all that apply):		Drinks Only	Snacks	Breakfast	Lunch	Dinner
How many of each of the following types of equipment will be installed in this mobile food unit? <u>ENTER A NUMBER, NOT AN "X" or "✓"</u>						
_____ Food Waste Grinder or Disposer	_____ Single Sink (Hand-washing Only)	_____ Gril				
_____ Dishwasher Prerinse Sink	_____ Single Sink (Food Prep)	_____ Open BBQ Grill				
_____ Mop Sink	_____ Double Sink	_____ Oven (Conventional or Convection)				
_____ Floor Drain	_____ Triple Sink	_____ Oven (Microwave)				
_____ Dishwasher **	_____ Wok	_____ Fryer				
**If a dishwasher will be used within this unit, 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.						
Will this unit <u>only</u> serve <u>pre</u>-packaged food that is cooked or prepared outside of the unit?				YES	NO	
Will this unit <u>only</u> serve food on disposable packaging or plates?				YES	NO	
What is the size of this unit's wastewater holding tank in gallons? _____ gallons						
Describe how the <u>wastewater holding tank</u> waste will be disposed of (not the grease trap waste):						
Provide the address where the <u>wastewater holding tank</u> waste will be disposed of (not the grease trap waste):						
Zip: _____						
Does this unit have an existing grease trap?		YES	NO			
If yes, provide the following for <u>each</u> trap that is installed (attach additional pages if needed):						
Where is it located (i.e., under the triple sink) : _____				Grease Capacity in lbs. (if known): _____		
Manufacturer (if known): _____				Measurements in inches (LxWxH): _____		
Describe how the <u>grease trap</u> waste will be disposed of (not the holding tank waste):						
Provide the address where the <u>grease trap</u> waste (not the holding tank waste) will be disposed of if the unit is required to install one:						
Zip: _____						
<u>IMPORTANT</u>						
IF YOU PLAN TO DISCHARGE YOUR HOLDING TANK OR GREASE TRAP WASTE INTO AN EXISTING FOOD SERVICE FACILITY'S GREASE INTERCEPTOR, THAT INTERCEPTOR MUST BE 500 GALLONS OR LARGER AND A LETTER OF PERMISSION SIGNED BY THE FOOD SERVICE FACILITY'S OWNER MUST BE SUBMITTED PRIOR TO A KUB PERMIT BEING ISSUED.						

I certify that I am, or have been authorized by the business and/or mobile vending unit's owner, to sign this document and acknowledge that I have read KUB's Grease Control Program. I also understand that if the unit's operations change 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 mobile food unit business listed on this Grease Control Permit Application to sign this application does not relieve the mobile food unit 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: _____