



## Town of Oliver Springs Water and Sewer Department

717 Main Street  
Oliver Springs, TN 37840  
T 865-435-7722 FAX 865-435-4881

### WASTEWATER GREASE INTERCEPTOR/TRAP APPLICATION

Application Date \_\_\_\_\_

Applicant (Food Service Establishment (FSE) Owner) Name \_\_\_\_\_

Facility (Property) Owner/Lessee Name \_\_\_\_\_

FSE Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

FSE Facility Address \_\_\_\_\_

FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Company Contact \_\_\_\_\_ Title \_\_\_\_\_

Primary Lessee Contact \_\_\_\_\_ Title \_\_\_\_\_

Secondary Company Contact \_\_\_\_\_ Title \_\_\_\_\_

Secondary Lessee Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Address (if different from above) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Corporate (Business) Operating Name \_\_\_\_\_

Type (check any that apply)  Sit-Down  Take-out  Drive-through

Food Service Establishment Type (check one)

Caterer  Church  Restaurant

Limited Service  Full Service  Buffet

Food Court  Cafeteria (including Business or School Campus)

Assisted Living, Nursing Home, Hospital or other Institutional Style Facility

Mobil Food Vendor or Non Alcoholic Beverage Bar

Snack and/or Non Alcoholic Beverage Bar

Das of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_ Max Seating Capacity \_\_\_\_\_

Approximate Number of Meals Served: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Cuisine Style (Chinese, Italian, Mexican, etc.) \_\_\_\_\_

Type of Development (check one)  New Construction  Redevelopment

Name of Company to Service Grease Control Equipment \_\_\_\_\_

Proposed Grease Control Equipment Service Frequency \_\_\_\_\_

Is there an existing Grease Control Device on the property?  Yes  No

Location \_\_\_\_\_

If no, proposed Grease Control Equipment Size and Type \_\_\_\_\_

Does this business use only disposable dishware?  Yes  No

Permit is not transferable. If Business is sold, New Permit Required and Re-inspection Required.



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**Equipment on Site**

*(Please circle all that apply and fill in the appropriate information for each piece of equipment.)*

Type	Quantity	Equipment Description (Type, Size, Dimensions, and / or Temperature)
2 Compartment Sink		
3 Compartment Sink		
4 Compartment Sink		
Class 1 Vent Hood		
Commercial Oven / Stove		
Conveyor Oven		
Countertop Deep Fryer		
Countertop Grill		
Deep Fryer		
Dishwasher		
Floor Drain		
Floor Sink		
Grill		
Hand Sink		
Mop Sink		
Pre Rinse Sink		
Rotisserie Stand / Tray		
Steam Cooker / Table		
Tilt Kettle or Skillet		
Vegetable Prep Sink		
Wok Stove		

**NOTE: Food waste and garbage disposals are not permitted in commercial kitchens.**

**Attach a copy of the MENU: Applicable to all establishments that provide a printed, posted or publicized menu.**



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I hereby certify that the above information is correct. I acknowledge that it is the responsibility of the FSE and its representatives to be familiar with and abide by all applicable Town of Oliver Springs Code and Department FOG Management Policy.

I also understand that Grease Control Equipment determinations made by the Department represent the minimum capacity and / or rating required and at no time releases the FSE from its responsibility in ensuring established displaced liquid capacity and /or FOG concentration limits are met and that the Grease Control equipment is to be operated in an efficient manner at all times.

Any changes to the information provided above shall render this permit void, requiring The submission of a new application and may require additional grease control equipment. this permit is valid only for the specific facility, ownership, processes and operations as indicated above. As such, it may not be sold, transferred or reassigned.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_