

- I. KHP KNOXVILLE LLC, APPLICANT
11316 PARKSIDE DR
KHP KNOXVILLE LLC, OWNER
FEI TAO, OWNER

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 2

Business Name: KPot Korean BBQ # Hot Pot Account Number: 67006

Business Address: 11316 Parkside Dr 37934

Agenda Date: 4, 29, 25 CLT Number: 130 MK001

TASK	COMMENTS
New Application:	<u>Received 4/1/25</u>
Permit Fee Paid	(New Application \$250.00) <u>✓</u>
Publication Fee Paid:	(<u>\$50.00</u>) <u>✓</u>
Records Check Completed	
Current City Business License:	Expiration Date: <u>5 / 15 / 26</u>
Copy of Certificate of Registration for Tennessee Sales Tax	<u>✓</u>
Copy of Corporate Charter; LLC; ETC.	<u>✓</u>
Notice of Application to Knox County Health Dept. (215-5200)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u>4 / 23 / 25</u> Approved: <u>✓</u> Pending:
Notice of Application to Building Inspections (215-3669)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u> </u> / <u> </u> / <u> </u> Approved: <u>✓</u> Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u> </u> / <u> </u> / <u> </u> Approved: <u>✓</u> Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>4 / 3 / 25</u> Received: <u>4 / 11 / 25</u> Approved: <u>✓</u> Pending Location needs add'l research?
Plan for Server Compliance	<u>✓</u>
KAST Program completed	<u>✓</u>
Previous Business at this location:	<u>Gavino's (#56239); inactive</u>

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

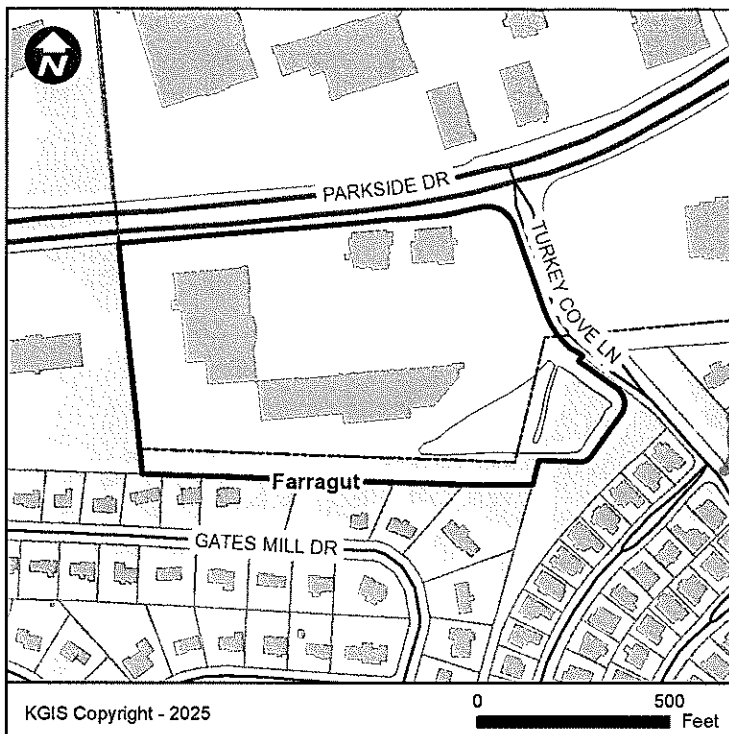
It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.

I / we hereby make application for a permit to sell, store, or distribute beer or other beverages authorized to be sold, stored or distributed under the provisions of the City of Knoxville alcoholic beverages ordinance Chapter 4 and base my application upon the answers to the following questions:

1. Reason for Application: ☒ New Business ☐ New Ownership ☐ Name Change ☐ Other _____
2. Name of Business Owner(s): Fei Tao KHP Knoxville LLC
3. Is Owner a: ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☒ LLC ☐ Sole Proprietorship
☐ Other _____
4. Under what name will the business operate: KPOT Korean BBQ & HOT POT
5. Business Address: 11316 Parkside Dr, Knoxville TN Zip 37934 Phone (865) 288-6888
6. Property Owner's Name: Hart TC I-III, LLC Phone 865-675-0120
7. Type of business you will operate: Restaurant
8. List names of all general partners and owners and **designate PERCENTAGE of ownership**. (Use additional paper if necessary.)
Each person owning 5% or more of the business must complete an owner/manager application (attached) and submit to a city of Knoxville Police Department background check. If ownership is a corporation, please indicate whether the corporation is privately held or publicly traded. If privately held, each person owning 5% or more of the corporation must complete an owner/manager application and submit to a city of Knoxville Police Department background check.
Fei Tao 100%

9. List the name(s) of managers or others on-site responsible for operations. Any change in management **must** be reported to the Business Tax Office. A new manager is subject to a background check and applicable fees. Each individual listed must complete an owner/manager application and submit to a City of Knoxville Police Department background check.
Fei Tao

10. List machines currently in use or planned for use on premises and **owner** of machines (cigarette, pinball, jukebox, etc.)
E-ULT Undercounter Dishmachine, owned by Ecolab.
11. Type of permit requested:
☐ Off Premise ☒ On/Off Premise ☐ Caterer ☐ Manufacturer/Distributor ☐ Self-Serve

11316 PARKSIDE DR - Property Map and Details Report**Property Information**

Parcel ID:	130MK001
Location Address:	11308 PARKSIDE DR
CLT Map:	130
Insert:	M
Group:	K
Condo Letter:	
Parcel:	1
Parcel Type:	NORMAL
District:	
Ward:	47
City Block:	46108
Subdivision:	TURKEY CREEK PHASE 2 RESUB LOT 2R1GR
Rec. Acreage:	17.1
Calc. Acreage:	0
Recorded Plat:	20050803 - 0010668
Recorded Deed:	-
Deed Type:	
Deed Date:	

Address Information

Site Address: 11316 PARKSIDE DR
FARRAGUT - 37934

Address Type: BUSINESS

Site Name: GAVINOS RESTAURANT PIZZARIA

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Owner Information

HART TC I-II LLC
% HEITMAN CAPITAL MANAGEMENT LLC
191 N WACKER DR 25TH FLOOR
CHICAGO IL 60606

The owner information shown in this section does **not** necessarily reflect the person(s) responsible for Last Year's property taxes. Report any errors to the Knoxville-Knox County Planning at (865) 215-2365.

Jurisdiction Information

County: KNOX COUNTY

City / Township: Knoxville

Fire Response: KNOXVILLE FIRE DEPARTMENT

Please contact the Knoxville-Knox County Fire Prevention Bureau at (865) 215-4660 if you have questions.

Other Information

Census Tract: 58.03

Planning Sector: Southwest County

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Political Districts

Voting Precinct: 66NE

Voting Location: Farragut Middle School
200 WEST END AVE

TN State House: 89

TN State Senate: 7

County Commission: 5 Angela Russell
(at large seat 10) Larsen Jay
(at large seat 11) Kim Frazier

City Council: 2 Andrew Roberto
(at large seat A) Lynne Fugate
(at large seat B) Debbie Helsley
(at large seat C) Amelia Parker

School Board: 5 Lauren Morgan

Please contact Knoxville-Knox County Election Commission at (865) 215-2480 if you have questions.

School Zones

Elementary: FARRAGUT
PRIMARY

Intermediate: FARRAGUT
INTERMEDIATE

Middle: FARRAGUT MIDDLE

High: FARRAGUT HIGH

Disclaimer: KGIS makes no representation or warranty as to the accuracy of this map and its information nor to its fitness for use. Any user of this map product accepts the same AS IS, WITH ALL FAULTS, and assumes all responsibility for the use thereof, and further covenants and agrees to hold KGIS harmless from any damage, loss, or liability arising from any use of the map product. Independent verification of all information contained on this map should be obtained by any user.

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
AFFIDAVIT

1. I/we Fei Tao hereby solemnly swear or affirm that each statement in this application is true and correct and understand that if any statement contained herein is false, the permit issued is automatically forfeited and voided. Furthermore, that in the event of forfeiture I/we shall not be eligible to receive another permit for a period of ten (10) years pursuant to Tennessee Code Annotated § 57-5-105(d).
2. I/we understand that all applicants are charged with the responsibility of knowing the local and state beer laws. I/we are aware that the penalty for violating state or local beer laws can include revocation or suspension of the permit and/or the imposition of civil penalties up to ONE THOUSAND FIVE HUNDRED 00/100 DOLLARS (\$1,500.00) PER OFFENSE.
3. I/we understand that if the business allows illegal gambling on the premises that the beer permit will be subject to revocation.
4. I/we understand that a requirement of beer permit issuance is the permittee(s) and ON-SITE manager(s) who will supervise and/or sell and serve the beer at the establishment must complete alcohol education and training programs in accordance with City of Knoxville Code Section 4-60(c).
5. I/we understand that by submitting this application, a background investigation shall be conducted on the applicant(s) and on all ON-SITE managers who will be selling beer at the permitted establishment. It is further understood that any and all documents related to that investigation shall become public record open for public inspection and reproduction pursuant to Tennessee Code Annotated § 10-7-503.
6. I/we understand that a requirement of maintaining good status standing with the Knoxville Beer Board, is that I/we must notify the City of Knoxville Business Tax Office each time there is a change in the on-site manager responsible for selling the beer.
7. I/we hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employees, agents and representatives from any and all liability of whatever type for any damages, causes of actions, personal property injuries which may result as a consequence of my application for a beer permit, background investigation, release of documents or any other matters related to my application. I/we hereby waive all possible liability of the City of Knoxville, Knoxville Beer Board, Knoxville Police Department, its employees, agents and representative as stated above.
8. I/we agree that the hiring of an employee who has been convicted within the past ten (10) years of any law relating to the sale, possession, manufacture or transportation of intoxicating beverages, including beer, as defined by City of Knoxville Code Section 4-37 or the hiring of an employee who has been convicted of any felony or crime involving moral turpitude within the past ten (10) years will be cause for possible revocation of the beer permit.
9. I/we understand if any information given in the application subsequently changes, I/we will immediately notify the Knoxville Beer Board c/o Business Tax Office.
10. I/we understand that if the business closes down, relocates, or there is ANY change in the ownership of the business, the permit will be surrendered to the Business Tax office within 15 days of said change for appropriate action.
11. I/we assume full responsibility for the permit and will be accountable for full compliance with the laws of Knoxville and the State of Tennessee in the sale of beer.
12. I/we have read the foregoing release. I/we fully understand its provisions, and voluntarily consent to abide by its requirements.
13. I/we acknowledge and understand that the fees paid for the beer permit application process are non-refundable.
14. The undersigned is the applicant or the bona fide and qualified agent/representative of the corporate applicant.

Fei Tao

Applicant Signature or Agent/Representative

Date: 3/31/2025

Co-Applicant Signature

Date: _____

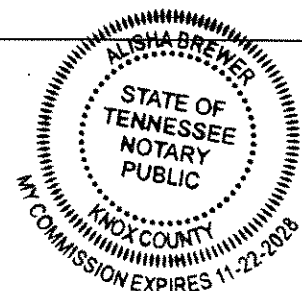
Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 31 day of March, 20 25.

Notary Public: *Alisha Brewer*

My Commission Expires: 11/22/2028



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: ☒ New Application ☐ Manager Change or Addition

1. Name Fei Tao ☐ Owner--Percentage of Ownership _____ % ☐ Manager
2. Home Address 10871 Parkside Dr., #3319 City Knoxville State TN Zip 37934
3. Home Phone () _____ Cellular Phone (332) 205-0485 Date of Birth Dec 1 06 1980
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name KPOT Korean BBQ & HOT POT
6. Local Business Address/ZIP 11316 Parkside Dr., Knoxville TN 37934 Business Phone: (865) 288-6888
7. Have you ever been convicted of any violation of liquor and/or beer laws, felonies, or any crime involving moral turpitude, within the last ten years, or do you have any charges **currently pending**? ☐ Yes ☒ No
If yes, give particulars of each charge, including city, county, state: court and date: _____
8. Have you ever had a beer permit revoked, suspended, or denied? ☐ Yes ☒ No
If yes, explain: _____
9. Have you ever been convicted of any misdemeanors (Speeding, DUI, Simple Assault, etc.) within the last ten (10) years or have any charges currently pending? ☐ Yes* ☒ No
*If yes, give particulars of each charge, including city, county, state: court and date: _____
10. Do you understand both the state laws and the local laws regulating the sale and distribution of beer in the City of Knoxville? ☒ Yes ☐ No
11. Do you understand that **allowing illegal gambling** on the premises will subject the permit to revocation? ☒ Yes ☐ No

AFFIDAVIT

I hereby solemnly swear or affirm that each statement in this application is true and correct and agree that if my statement is false, the permit issued may be revoked by the Beer Board, upon notice and hearing, and that the burden is on the permittee to prove the correctness of all the statements in this application.

I understand that this application is subject to the Tennessee Public Records Act and shall be open for inspection and reproduction by any citizen. Tennessee Code Annotated §10-7-503.

I, Fei Tao, understand that by submitting this application, a background investigation shall be conducted and any and all documents related to my investigation shall become public records.

I, Fei Tao, hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employees, agents and representatives, from any and all liability of whatever type for any damages, causes of actions, personal or property injuries which may result as a consequence of my application for a beer permit, background investigation, release of documents or any other matters related to employees agents and representatives as stated above.

I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

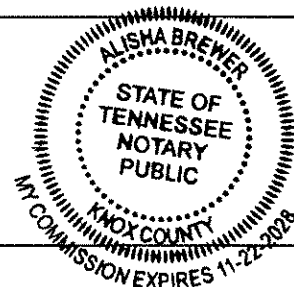
[Signature]
Signature of Applicant

Date: 3/31/2025

Sworn to and subscribed before me this 31 day of March, 20 25.

Notary Public: Alisha Brewer

My Commission Expires: 11/22/2028



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 11316 Parkside Drive, Knoxville, TN 37934

Directions to business, including any landmarks:

<u>Inside Turkey Creek Shopping Center, to the right of</u>
<u>Regal Pinnacle cinema, behind Calhoun's.</u>

Property Owner Information:

Name Hart TC I-III, LLC

Phone 865-675-0120

Neighborhood Demographics

Provide the following locations nearest to the business. Provide ALL lines of information requested. You may want to drive or walk the area around the business location to determine which facilities are closest. You will be held accountable for the information provided.

****Must be filled in completely – No Exceptions****

School / Day Care:

Name La Petite Academy on Station West Drive

Address 11308 Station W Dr., Knoxville TN 37934

Funeral Home:

Name Click Funeral Home Farragut Chapel

Address 11915 Kingston Pike, Knoxville TN 37934

Hospital:

Name Turkey Creek Medical Center

Address 10820 Parkside Dr., Knoxville TN 37934

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Notice of Actions Contact

Pursuant to City of Knoxville Code Section 4-67, the City requires the applicant to designate an individual **residing within Knox County** to receive notice of actions of the City or the Beer Board and to accept service of process. Please provide the name of the individual, their position with the applicant (owner, manager, etc.) and their address (may be business location). Note that the applicant is required to notify the City in accordance with Section 4-67 if there is any change in this information. In addition to a local address, please provide an address to which certified mail may be sent.

BEER PERMIT APPLICATION:

Business Name: KHP Knoxville LLC (DBA KPOT Korean BBQ & Hot Pot)

Business Location: 11316 Parkside Dr., Knoxville TN 37934

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Fei Tao

Position: Owner / manager Phone (865) 288-6888

Address: 11316 Parkside Dr.,

City, State, Zip: Knoxville, TN 37934

CERTIFIED MAILING ADDRESS:

Name: Fei Tao

Address: 11316 Parkside Dr.,

City, State, Zip: Knoxville, TN 37934

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
KPOT KOREAN BBQ & HOT POT
11316 PARKSIDE DR



Mailing Address:

KPOT KOREAN BBQ & HOT POT
c/o KHP KNOXVILLE LLC
11316 PARKSIDE DR
KNOXVILLE, TN 37934

Account #	67006
Classification	2
License/Receipt #	279823
Issue Date	04/01/2025
Expiration Date	05/15/2026

Mark B.
Collection Officer

- FOLD -

Must be posted in a conspicuous place

- FOLD -

Business Tax Receipt

*Final Returns MUST be filed within 15
days of close of Business.*

Retail	0.00
Wholesale	0.00
Business Tax	0.00
Less Credits	0.00
Sub Total	0.00
Penalty	0.00
Interest	0.00
SubTotal	0.00

Min. Bus. Tax	15.00
Penalty	0.00
Interest	0.00
Coll. & Rec. Fees	0.00
SubTotal	15.00
Total Amount	15.00
Total Payments	15.00
Balance Due	0.00

Lic_New_App

City Revenue Office - P.O. Box 1028 - Knoxville, Tennessee 37901 - (865)215-2083 - (865)215-2621 (fax)



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Certificate of Registration

July 26, 2024



KHP KNOXVILLE LLC
138 E BROADWAY FL 3
NEW YORK NY 10002-6499

Letter ID: L1691117376
Account ID: 1002510962-SLC
Account Type: Sales and Use Tax

The above named taxpayer has filed an application for sales and use tax registration for the place of business at the below referenced location address. The Tennessee Department of Revenue issued this Certificate of Registration in accordance with Tenn. Code Ann. §§ 67-6-601 and 67-6-602. The Certificate of Registration must be publicly displayed at the location address for which it is issued. The tax account number and location number on this certificate are used by the Department to identify your account and must be shown on all correspondence and reports. The certificate is not assignable and is valid only for the above referenced taxpayer and for transactions of business for this registration. **In accordance with Tenn Code Ann. § 67-6-607, it is a Class C misdemeanor for any person to misuse a Certificate of Registration for the purpose of obtaining taxable property without the payment of sales or use tax when it is due. Such wrongful use is grounds for the Commissioner to revoke the taxpayer's Certificate of Registration.**

Tax Returns

All sales and use tax returns must be filed and associated tax payments made electronically to the Department. Taxpayers may do this at <https://tntap.tn.gov/eservices/>. Taxpayers should file the sales and use tax return according to their filing frequency on the 20th day of the month following the reporting period. If your business opens after the 20th of the month, you may report sales made during the remaining days of the month with the next reporting period. In order to avoid penalty and interest charges, all returns must be filed and all associated tax payments must be made on or before the due date for the reporting period. Taxpayers should always file a return for their business, even if they do not make any sales during a reporting period.

Detach here and display in public area



Tennessee Department of Revenue
Certificate of Registration
Sales and Use Tax

KHP KNOXVILLE LLC
11316 PARKSIDE DR
KNOXVILLE TN 37934-1971

Effective Date: August 1, 2024
Account No.: 1002510962-SLC
Location No.: 1001760787
Filing Status: Monthly

David Gerregano
Commissioner of Revenue



001461329

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270

**Tre Hargett**
Secretary of State**Division of Business Services
Department of State
State of Tennessee**
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001461329

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.**1. The name of the Limited Liability Company is:** KHP KNOXVILLE LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)☐ This entity name already exists in Tennessee and has received name consent from the existing entity.**3. This company has the additional designation of:** None**4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:**DONG ZHENG
11316 PARKSIDE DRIVE
KNOXVILLE, TN 37934
KNOX COUNTY**5. Fiscal Year Close Month:** December**6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:**
(none) (Not to exceed 90 days)**7. The Limited Liability Company will be:**☐ Member Managed ☒ Manager Managed ☐ Director Managed**8. Number of Members at the date of filing:** 1**9. Period of Duration:** Perpetual**10. The complete address of the Limited Liability Company's principal executive office is:**11316 PARKSIDE DRIVE
KNOXVILLE, TN 37934
KNOX COUNTY



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001461329

The name of the Limited Liability Company is: KHP KNOXVILLE LLC

11. The complete mailing address of the entity (if different from the principal office) is:

11316 PARKSIDE DRIVE
KNOXVILLE, TN 37934

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.

Licensed Profession:

14. Series LLC (optional)

- ☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

- ☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic

Signature

DONG ZHENG as authorized representative for DONG ZHENG

Printed Name

MEMBER

Title/Signer's Capacity

Aug 29, 2023 4:13PM

Date

Server Compliance Plan

KPot Korean BBQ & Hot Pot
11316 Parkside Drive
Knoxville, TN 37934
Date: 4/1/2025

This plan outlines the procedures and policies KPOT will implement to ensure compliance with all local and state laws regarding the sale of alcohol, specifically to prevent underage sales and over-service of alcohol.

1. Employee Training

- All servers, server assistants and managers will complete the TN ABC Training program prior to serving or selling alcohol.
- New hires will not be permitted to serve or sell alcohol until training is completed.

2. Identification (ID) Verification

- Staff will require a valid, government-issued photo ID from any customer who appears to be under the age of 40.
- Employees will be trained to recognize and refuse fake or altered IDs.

3. Signage

- Prominent signage will be posted at all points of sale and entrances, clearly stating that the sale of alcohol to persons under 21 and to intoxicated individuals is illegal.

4. Prevention of Over-Serving

- All staff will be trained to identify signs of intoxication.
- Service will be refused to any person who is visibly intoxicated.
- Incidents of refusal will be documented and reviewed by management.

5. Monitoring and Compliance Checks

- Management will conduct regular compliance checks and review sales practices to ensure adherence to all policies.
- Any violations will result in immediate retraining and/or disciplinary action.

6. Public Area Monitoring

- Staff will monitor public areas to prevent minors from obtaining beer from other patrons.

7. Corrective Action

- Employees found violating alcohol policies will face corrective action, up to and including termination.
- All incidents will be documented and reported as required by law.

By following this compliance plan, KPOT is committed to responsible alcohol service and full compliance with the laws and ordinances of the City of Knoxville and the State of Tennessee.

City of Knoxville

Certificate of Occupancy

Development Services

Plans Review and Inspections Division

This certifies that the referenced building or portion thereof has been inspected and found to be in compliance with the requirements of the listed code and with the ordinances of the City of Knoxville regulating building construction and use.

Project No.:	IBC-ALT-24-0071	Code Edition at time of	2018 International Building
Project Address:	11316 PARKSIDE DR	Permit Issuance:	Code
Suite:	-	Construction Type:	Type II-B
Tenant:	K-Pot	Occupancy Class:	Assembly, Group A-2
Date CO Issued:	1/3/2025	Occupancy Load:	261
		Zoning Use:	Eating and Drinking Establishment
		Sprinkler:	Yes
		Special Conditions:	None

Owner: HART TC II LLC % HEITMAN CAPITAL MANAGEMENT LLC

Description of Certification: IECB Work Area Level 2 Alteration

191 N WACKER DR 25TH FLOOR CHICAGO, IL 60606

Building Official:



Peter M. Ahrens



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name KPOT Korean BBQ and Hot Pot- Bar Type of Establishment ☒ Farmer's Market Food Unit
☒ Permanent ☐ Mobile
Address 11316 Parkside Dr ☐ Temporary ☐ Seasonal
City _____ Time in 03:20 PM AM / PM Time out 04:15 PM AM / PM
Inspection Date 03/10/2025 Establishment # 605329452 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other _____
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats _____

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status				COS	R	WT
IN	OUT	NA	NO			
Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Person in charge present, demonstrates knowledge and performs duties						
Employee Health						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Management and food employee awareness, reporting						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper use of restriction and exclusion						
Good Hygiene Practices						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper eating, drinking, or tobacco use						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Hands clean and properly washed						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
No bare hand contact with ready-to-eat foods or approved alternate procedures followed						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Handwashing sinks properly supplied and accessible						
Approved Sources						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Food obtained from approved source						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Food received at proper temperature						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Food in good condition, safe, and unadulterated						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Required records available: shell stock tags, parasite destruction						
Protection from Contamination						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4
Food separated and protected						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Food-contact surfaces, cleaned and sanitized						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Proper disposition of unsale food, returned food not re-served						
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper cooking time and temperatures						
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper reheating procedures for hot holding						
Cooling and Holding, Date Marking, and Time as a Public Health Control						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper cooling time and temperature						
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper hot holding temperatures						
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper cold holding temperatures						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Proper date marking and disposition						
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Time as a public health control: procedures and records						
Consumer Advisory						
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4
Consumer advisory provided for raw and undercooked food						
Highly Susceptible Populations						
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Pasteurized foods used, prohibited foods not offered						
Chemicals						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Food additives, approved and properly used						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Toxic substances properly identified, stored, used						
Conformance with Approved Procedures						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
Compliance with variance, specialized process, and HACCP plan						

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Compliance Status				COS	R	WT
OUT						
Safe Food and Water						
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Pasteurized eggs used where required						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Water and ice from approved source						
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Variance obtained for specialized processing methods						
Food Temperature Control						
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Proper cooling methods used, adequate equipment for temperature control						
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Plant food properly cooked for hot holding						
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Approved thawing methods used						
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Thermometers provided and accurate						
Food Identification						
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Food properly labeled, original container, required records available						
Prevention of Food Contamination						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Insects, rodents, and animals not present						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display						
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Personal cleanliness						
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Wiping cloths, properly used and stored						
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Washing fruits and vegetables						
Proper Use of Utensils						
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
In-use utensils, properly stored						
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Utensils, equipment and linens, properly stored, dried, handled						
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Single-use/single-service articles, properly stored, used						
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Gloves used properly						
Utensils and Equipment						
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used						
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Warewashing facilities, installed, maintained, used, test strips						
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Nonfood-contact surfaces clean						
Physical Facilities						
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Hot and cold water available, adequate pressure						
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Plumbing installed, proper backflow devices						
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
Sewage and waste water properly disposed						
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Toilet facilities, properly constructed, supplied, cleaned						
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Garbage/refuse properly disposed, facilities maintained						
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Physical facilities installed, maintained, and clean						
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
Adequate ventilation and lighting, designated areas used						
Administrative Issues						
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
Current permit posted						
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
Most recent inspection posted						
Compliance Status						
				YES	NO	WT
Non-Smokers Protection Act						
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
Compliance with TN Non-Smoker Protection Act						
58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
Tobacco products offered for sale						
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
If tobacco products are sold, NSPA survey completed						

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. chapters 24-1-703, 24-1-705, 24-1-707, 24-1-709, 24-1-711, 24-1-713, 24-1-715, 24-1-716, 4-4-325.

Signature of Person In Charge [Signature] Date 03/10/2025 Signature of Environmental Health Specialist [Signature] Date 03/10/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/articles/foodservice> ***

PH-2267 (Rev 5-15) Free food safety training classes are available each month at the county health department. Please call () 8652155200 to sign-up for a class. RDA 629

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information

Establishment Name: KPOT Korean BBQ and Hot Pot Bar
Establishment Number #: 605329452

NSPA Survey - To be completed if #57 is "No"

Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.
Garage type doors in non-enclosed areas are not completely open.
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.
Smoking observed where smoking is prohibited by the Act.

Warewashing Info

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
Single Tank Stationary Dish Machine	Chlorine	50	
Sanitizer Bucket	Quat	300	

Equipment Temperature

Description	Temperature (Fahrenheit)
Cooler	36

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Milk Boba Tea Base, made 1hr ago, in cooler	Cooling	90

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information

Establishment Name: KPOT Korean BBQ and Hot Pot- Bar
Establishment Number : 605329452

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: An employee illness policy is available.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed proper handwashing.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Approved sources.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: No raw animal foods at bar.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: No active cooking at bar. Only TCS food cooked at the bar is tapioca pearls.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: Observed milk boba tea base actively cooling from being prepped 1 hour ago. Inspector is not certain of this item is TCS as it is made with a powder mixed in hot water and the original packaging of the powder is not available. Without being prompted, bartender stated that items should cool to 70 degrees within two hours
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: TCS items are not cold held at bar. Non TCS beverages are being kept in a cooler holding below 41 degrees.
- 21: Observed proper datemarking for boba tea bases which are made daily. These do not require datemarking, but they are still datemarked.
- 22: Not actively using TPHC at the time of the inspection. Recommending implementing TPHC for tapioca pearls.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 57:
- 58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

See last page for additional comments.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Information

Establishment Name: KPOT Korean BBQ and Hot Pot- Bar

Establishment Number : 605329452

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Information

Establishment Name: KPOT Korean BBQ and Hot Pot- Bar

Establishment Number #: 605329452

Sources

Source Type: Water Source: Public Utility

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Additional Comments

Tapioca pearl boba is typically made at the bar, but they happened to be out today. Discussed practices with PIC and recommended TPHC for the tapioca pearls.

Observed great handwashing at bar!

Note that boba tea bases are made and stored at bar. They are typically made by mixing a powder with hot water. These items are likely non TCS, but it is hard for the inspector to discern without seeing the original packaging. Note that these bases will go through a cooling process.

Knoxville Alcohol Seller Training

Certificate of Completion

THIS CERTIFIES THAT

Fei Tao

Has successfully completed the Knoxville Alcohol Seller Training course
conducted by the Knoxville Police Department

Date: 2/13/2025

Class Instructor: L. Pressley

P.O. IV Y. M. M. M.
Signature Required

THIS IS NOT AN ALCOHOL SERVER PERMIT

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

DATE: 4-3-25

TO: Donald Jenkins, City Surveyor
Engineering Department

FROM: Mark Byrd, Collections Officer
Finance Department

RE: Request for distance measurements for beer permit application

Please measure the distances from the below indicated beer permit applicant's proposed location to the public facilities indicated and forward this information back to me. As required by law, this information is necessary to process the applicant's beer permit request. Thank you in advance for your assistance.

Business name: Kpot Korean BBQ & Hot Pot

Business location: 11316 Parkside Dr

Property description: ☐ New construction ☒ Pre-existing structure

Directions to and/or landmarks near location: _____

SCHOOL/DAYCARE:

Name: La Petite Academy

Address: 11308 Station W Dr

Distance/feet: MORE THAN 300'

FUNERAL HOME:

Name: Click Funeral Home

Address: 11915 Kingston Pike

Distance/feet: MORE THAN 300'

HOSPITAL:

Name: Turkey Creek Medical Center

Address: 10820 Parkside Dr

Distance/feet: MORE THAN 300'