

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FEE EXEMPT
FOOD SERVICE ESTABLISHMENT AS REQUIRED

BY KRS 219.011 et seq.

No person shall operate a food service establishment without having a permit issued by the Cabinet

Temporary Permit Fee:	\$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
	<input type="checkbox"/> Money Order

County: _____

Date of Application: _____

Temporary Dates of Operation: _____

Name: _____

Owner: _____

Address: _____

City _____ State _____ Zip Code _____

FEE EXEMPT: If changes since last application indicate:
Previous Name: _____
Previous Owner: _____
Previous Address: _____
City _____ State _____ Zip Code _____

The applicant hereby grants the right of inspection to Cabinet for Health Services representatives during normal working hours.

Signature of Applicant: _____

Local Permit Number: _____

Date Received: _____

Date Approved: _____

Approved By: _____

Signature and Title