

**APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT AS REQUIRED BY KRS
217.005 TO 217.992**

TYPE OF TEMPORARY PERMIT _____

IF ONE DAY FUNDRAISER, PLEASE ENTER TAX EXEMPT NUMBER. _____

COUNTY _____

EMAIL _____

PAID BY Cash Check Money Order Credit Card

Date of Application _____

FEE EXEMPT:

Temporary Dates of Operation _____ - _____

If changes since last application indicate:

Operation Name _____

Previous Name _____

Owner Name _____

Previous Owner _____

Address _____

Previous Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

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

Signature of Applicant _____

Local Permit Number _____

Date Received _____

Date Approved _____

Approved By _____