

# Application to Operate a Temporary 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 for Human Resources. Money orders are the only acceptable form of payment.

Temporary Permit Fees:	Number of Days	Cost
	1-3	\$60
	4-7	\$75
	8-14	\$100

County: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Temporary Dates of Operation requested: \_\_\_\_\_

Event/Festival Name: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The applicant hereby grants the right of inspection to Cabinet for Human Resources Representative(s) during normal working hours.

Signature of Applicant: \_\_\_\_\_

Pike County Health Department  
Send application and money 119 River Drive Pikeville, KY  
order payable to: 41501 606.437.5500

To be completed by Local Health authority

Local permit number: \_\_\_\_\_ Date received: \_\_\_\_\_

Approved by: \_\_\_\_\_ Amount received: \_\_\_\_\_