

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	\$50
	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: _____

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

To be completed by Local Health authority

Local permit number: _____ Date received: _____

Approved by: _____ Amount received: _____