

Pennyrile District Health Department Application for Permit for Temporary Food Service

Application for a permit to operate a temporary food service establishment as required by KRS 219.011

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

****This application must be approved by the local health department prior to setting up the food booth.**

Temporary Permit Fee: (if applicable)	County:
Date of Application:	Location of Booth:
Temporary Dates of Operation:	
Name:	
Owner:	
Address:	
City:	State: Zip:
Daytime Phone:	Evening Phone:
List the items to be sold: ***** If the food item is not a limited prep food, you must discuss food handling and safety before the application will be approved.	

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

Signature of Applicant: _____

Permit Number: _____ Date Received: _____ Date Approved: _____

Approved by (signature and title): _____

Return permit application along with fee (if applicable) to **Caldwell** County Health Center, P.O. Box 327, Princeton, KY 42445; **Crittenden** County Health Center, P.O. Box 392, Marion, KY 42064; **Livingston** County Health Center, P.O. Box 128, Smithland, KY 42081; **Lyon** County Health Center, P.O. Box 96, Eddyville, KY 42038 or **Trigg** County Health Center, P.O. Box 191, Cadiz, KY 42211.