DFS-202 (11-06)

Print Form

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: $ _____

☐ Cash ☐ Check ☐ Money Order

County: _____

Date of Application: _____

Temporary Dates of Operation: _____

Name: _____

Owner: _____

Address: _____

City: _____ State: ____ Zip: _____

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