Lexington-Fayette County Health Department

Environmental Health
650 Newtown Pike
Lexington, KY 40508-1197
(859) 231-9791
(859) 231-9459 Fax

MOBILE FOOD UNIT REGISTRATION

Name Mobile _____

Permit # _____ County of Permit Registration _____

Contact Person _____Daytime Phone _____

Owner Name _____

Location of Mobile _____

Date(s) of Operation _____

Hours of Operation: From _____ to _____

Date Paid _____ Cash ____ CK ____ MO ____ CC ____

Mobile food units may only set-up and operate from a specific location for a period of time not to exceed fourteen (14) consecutive days; with day one (1) beginning on the day that the mobile food unit is set-up to operate at the specific location. At the conclusion of the fourteenth (14th day of operation, the mobile food unit must be removed from the specific location, and may not return to that specific location for a minimum period of thirty (30) days from the expiration of the fourteen (14 day operational period.

Mobile food unit operators must register their mobile food unit's operational location a minimum of forty-eight (48) hours prior to setting-up and operating at any location within Fayette County. At the time of registration, the Department will provide the mobile food unit operator with a registration certificate and will access a registry fee. An agent of the Department shall conduct a health and sanitation inspection of the mobile food unit, and the food service operations being conducted from the unit, within forty-eight (48) hours of the mobile food unit's initial food service operation at a registered location. The Department, at the discretion of the Commissioner of Health, may, at any time, void a registration certificate and order the mobile food unit be removed from a registered location, and/or order that all food services operations being conducted from the mobile food unit be discontinued.

The Health Department reserves the right to prohibit the sale of specified items inspection. The applicant hereby grants the right of inspection to the Lexington-Fayette County Health Department Representatives.

_____ Date _____
Signature of Owner of Facility

_____ Date _____
Signature of Health Inspector/Sanitarian Number