

## LFCHD Temporary Foodservice Registration Form

Name of Concession: \_\_\_\_\_

If an Event, Name of Event: \_\_\_\_\_

Owner/ Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Location of Temporary (physical address): \_\_\_\_\_

Construction of Temporary Structure (trailer, tent, etc.): \_\_\_\_\_

Date(s) and hours of Operation: Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_

**If for whatever reason you do NOT set-up or are late please call 859-231-9791 during normal working hours or after-hours / weekends / holidays call 859-335-7071 to notify the Environmental Health representative.**

| Food Type | Where Purchased | Method of Storage | Facilities to maintain temperature |
|-----------|-----------------|-------------------|------------------------------------|
|           |                 |                   |                                    |
|           |                 |                   |                                    |
|           |                 |                   |                                    |
|           |                 |                   |                                    |
|           |                 |                   |                                    |
|           |                 |                   |                                    |
|           |                 |                   |                                    |

**FOOD MUST BE PREPARED ON-SITE OR AT A PERMITTED FOOD SERVICE LOCATION. IF THE FOOD IS PREPARED AT A PERMITTED FOOD SERVICE LOCATION THE TEMPORARY FOOD SERVICE APPLICANT MUST PROVIDE A COPY OF THE PERMIT SHOWING THE NAME OF THE PERMITTED FOOD SERVICE ESTABLISHMENT, THE PERMIT NUMBER, AND ADDRESS. ADDITIONALLY, THE TEMPORARY FOOD SERVICE APPLICANT MUST PROVIDE THE DATE AND TIME OF THE FOOD PREPARATION.**

| Permitted Food Service Name & Permit # | Address of Facility | Date | Time Prepared |
|--|---------------------|------|---------------|
|  |                     |      |               |

\_\_\_\_\_

**SIGNATURE OF OWNER OF FACILITY**

**DATE:** \_\_\_\_\_

The Health Department reserves the right to prohibit the sale of specified items after reviewing the completed list. The applicant hereby grants the right of inspection to the Lexington-Fayette County Health Department representatives.

\_\_\_\_\_

**SIGNATURE OF OWNER OF FACILITY**

**DATE:** \_\_\_\_\_

**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:                | \$ _____                       |
| <input type="checkbox"/> Cash        | <input type="checkbox"/> Check |
| <input type="checkbox"/> Money Order |                                |

County: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

|  |
|--|
| <b>FEE EXEMPT:</b><br><b>If changes since last application indicate:</b> |
| <b>Previous Name:</b> _____  |
| <b>Previous Owner:</b> _____   |
| <b>Previous Address:</b> _____   |
| _____  |
| 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

