



**NORTHERN KENTUCKY  
INDEPENDENT DISTRICT  
HEALTH DEPARTMENT**

*Promoting and protecting the health of Northern Kentucky by providing public health services essential for a safe and healthy community*



**APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY  
FOOD SERVICE ESTABLISHMENT**

*No person shall operate a food service establishment without having a permit issued by the Cabinet for Health Services*

All food shall be prepared on-site after the temporary permit is issued. Food prepared in a health department licensed kitchen located outside of the Northern Kentucky District must receive approval from this office prior to the event. Please include a copy of your operating permit and the last regular inspection with this application.

**Beginning April 1, 2017, application and fee SHALL BE submitted at least 3 business days prior to the operating date. Vendors who do not meet the above stated requirement will not be permitted to operate.**

**Permit valid for up to 14 consecutive days per event location. See Fee Schedule Below. Unable to renew for 30 days.**

Temporary Permit Fee:  \$50.00 (1-3 days)  \$75.00 (4-7 days)  \$100.00 (8-14 days)

Cash  Check (Payable to the Northern Kentucky Health Department)

Money Order  Credit Card (Visa, MC, Discover): \_\_\_\_\_ Number: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s) of operation: \_\_\_\_\_ Inspection date & time: \_\_\_\_\_

Event location: \_\_\_\_\_  
Street Address City State Zip Code

Event coordinator name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Establishment (Booth) name: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone number: \_\_\_\_\_

Owners address: \_\_\_\_\_  
Street Address City State Zip Code

Complete menu:

Menu Item	Equipment used for cooking	Equipment used for cold or hot holding

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only
Permit Number: _____
Date Received: _____

Please return completed application with required fee to:

Northern Kentucky Health Department  
610 Medical Village Drive, Edgewood, KY 41017