



Application for a Permit to Operate a School

School name: _____

School address: _____
Street

City _____ State _____ ZIP code _____

Owner's name: _____

Owner's address: _____
Street

City _____ State _____ ZIP code _____

Owner's phone number: _____

Owner's signature: _____ Date: _____

Please return completed application with required fee to
Northern Kentucky Health Department, Environmental Health and Safety
610 Medical Village Drive, Edgewood, KY 41017

FOR OFFICIAL USE ONLY											
Action		Est. No.				Status		County		Program	
New	N					Active	A				
Change	C					Inactive	I				
Delete	D					Hold	H				
Reactivate	R					No. app	N				
						Suspended	S				
Sanitarian				Insp. Intvl.		Est. Type		Service Type			
								Sit Down/Full	1		
								Cafeteria/Continental	2		
								Carry-out/Retail Mkt.	3		
								Caterer (Commercial)	4		
								Interstate Conveyance	5		
								No Service Type	6		
Water Sup.		Sewage		Quantity 1		Unit Measure		Quantity 2		Unit Measure	
Public	1	Public	1								
Private	2	Private	2								
Other	3	Other	3								
New/Additional plumbing approval by: _____						Date: _____		Permit# _____			
Approved by: _____						Date: _____					