



APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT AND/OR RETAIL FOOD STORE

No person shall operate a Retail Food Establishment without having a permit issued by the Cabinet for Health Services

Establishment Name: _____

Establishment Address: _____

Street

Phone Number: _____

City

State

Zip Code

Owner's Name: _____

Owner's Address: _____

Street

Phone Number: _____

City

State

Zip Code

Previous Name of Establishment (if applicable): _____

Is smoking allowed inside the establishment? Yes No Catering advertised? Yes No

Is drive through window service offered? Yes No Number of seats in establishment: _____

Permit Fee: \$ _____ Cash Check Money Order

Applicant's Signature: _____ Date: _____

Please return completed application with required fee to:

Northern Kentucky Health Department
Environmental Health and Safety
8001 Veterans Memorial Drive
Florence, KY 41042

Make check payable to Northern Kentucky Health Department

FOR OFFICIAL USE ONLY

Permit #: _____ Action: _____ G Number: _____

County: _____ Program: _____ Establishment Type: _____

Inspection Interval: _____ Water: _____ Sewage: _____

Latitude: _____ Longitude: _____ Seats/Sq Footage: _____

Plumbing Permit Number: _____

Health Department Approval: _____ Date: _____