



APPLICATION FOR A PERMIT TO OPERATE A HOTEL/MOTEL

No person shall operate a Hotel/Motel 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): _____

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

Action	
New	N
Change	C
Delete	D
Reactivate	R

Est. No.					

Status	
Active	A
Inactive	I
Hold	H
No. app	N
Suspended	S

County		

Program		

Sanitarian				

Insp. Intvl.		

Est. Type		

Service Type	
Sit Down/Full	1
Cafeteria/Continental	2
Carryout/Retail Mkt.	3
Caterer (Commercial)	4
Interstate Conveyance	5
No Service Type	6

Water Sup.	
Public	1
Private	2
Other	3

Sewage	
Public	1
Private	2
Other	3

Quantity 1	Unit Measure
	Rooms R

New/Additional Plumbing Approval By: _____ Date: _____ Permit #: _____

Health Department Approval By: _____ Date: _____