



## 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  
8001 Veterans Memorial Drive, Florence KY 41042

| 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: _____  |   |                       |   |              |  |