

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.

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. Cancellation of permits must be done 24 hours in advance in order to receive a refund.

Permit valid for up to 14 consecutive	e davs per event lo	cation. See fee sche	edule bel	ow. Unable to renew for 30 days	
] \$125.00 (8-14 days)	
Cash Check (Payable to	NKY Health Depa	artment) 🗌 Mone	ey Orde	r	
☐ Credit Card (Visa, MC, Discov	er): Number:				
	Expiration:				
Event:					
Date(s) of operation:		Inspection date & time:			
Event location:					
Street Address		City	State	ZIP Code	
Event coordinator name:		Phone number:			
Establishment (Booth) name:	al.				
Owner:		Phone number:			
Owner's address:					
Street Address		City	State	ZIP Code	
Complete menu					
Menu Item Equipment us		sed for cooking		Equipment used for cold or hot holding	
		-			
Applicant's signature:	-			Date:	
Please return completed application with required fee to: 8001 Veterans Memorial Drive, Florence, KY 41042				For official use only	
Completed applications with a credit card payment can be emailed to: temporaryfoodpermits@nkyhealth.org				Permit number:	
				Date received:	