DFS-202 (11-06)

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FEE EXEMPT FOOD SERVICE ESTABLISHMENT AS REQUIRED BY KRS 219.011 et seq.

No person shall operate a food service establishment without having a permit issued by the Cabinet

Temporary Permit Fee: \$	County:
☐ Cash ☐ Check ☐ Money Order	Date of Application:
Temporary Dates of Operation:	FEE EXEMPT: If changes since last application indicate:
Name:	Previous Name:
Owner:	Previous Owner:
Address:	Previous Address:
City: State: Zip:	City State Zip Code
The applicant hereby grants the right of inspection to Cabinet for Health Services representatives during normal working hours. Signature of Applicant:	
Local Permit Number:	Date Received:
Date Approved:	Approved By:
	Signature and Title