



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

PERMIT TO OPERATE

COUNTY: _____

PERMIT NO.: _____

TEMPORARY FOOD SERVICE ESTABLISHMENT

This certifies that _____
located at _____

is hereby authorized to operate in compliance with Kentucky's Food Establishment Act and State Retail Act, KRS 217.005 to 217.285, 217.992 and the rules and regulations promulgated pursuant thereto. This permit is not transferable and shall expire on _____ unless suspended or evoked prior to that date.

Given under our hands on this date:

Secretary - Cabinet for Health and Family Services

Health Authority

THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE
