



**Cabinet for Health and Family Services**  
**DEPARTMENT FOR PUBLIC HEALTH,**  
**PUBLIC HEALTH PROTECTION & SAFETY**  
**MILK SAFETY BRANCH**  
275 EAST MAIN, HS1C-B  
FRANKFORT, KENTUCKY 40621-0001  
(502) 564-3340  
(502) 564-8787 FAX  
[HTTP://CHFS.KY.GOV/](http://CHFS.KY.GOV/)

**Andy Beshear**  
Governor

**Eric C. Friedlander**  
Secretary

**Steven J. Stack**  
**MD, MBA, FACEP**  
Commissioner

## REQUEST FOR HEARING

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby request the opportunity of a hearing in regard to my recent suspension to show cause why my permit should not be revoked.

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Request must be signed and returned to the Milk Safety Branch.**

**Mail request to:**

**Milk Safety Branch**  
**Health Services Bldg, HSICB**  
**275 East Main St**  
**Frankfort KY 40621**

**Fax Number: (502) 564-8787**

