



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**FOOD SAFETY BRANCH  
502-564-7181**

**APPLICATION FOR PERMIT TO OPERATE A FOOD PLANT**

Permit # \_\_\_\_\_ Status:  New  Update  Delete  
 OOB  Address Change  
County \_\_\_\_\_  Transfer to LHD

Firm Name \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**Owner Info**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Facility Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Most Responsible Party/ Person-In-Charge**

Name \_\_\_\_\_ Title \_\_\_\_\_ Best Contact Time \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  cell  home Secondary Phone \_\_\_\_\_  cell  home

Fax \_\_\_\_\_ Email \_\_\_\_\_

As the person in charge of the facility mentioned above, I hereby make application for a permit to operate the facility above. I attest that my plant will make every effort to remain in compliance with the rules and regulations required by the KY Food, Drug, and Cosmetic Act (KRS 217.005-.215), the hemp-derived cannabidiol products and labeling requirements (902 KAR 45:190), and the Kentucky Food and Cosmetic Processing Packaging, Storage and Distribution Operations administrative regulation (902 KAR 45:160). Furthermore, I understand that if my plant fails to abide by these rules, the cabinet may act to enforce compliance through the provisions of KRS 217.007.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Below for office use only.**

Establishment Type Code \_\_\_\_\_

FDA Industry Code \_\_\_\_\_

FEI \_\_\_\_\_

Region \_\_\_\_\_

SI # \_\_\_\_\_

% Interstate Commerce \_\_\_\_\_

Inspector Level 1 2

Risk Level 1 2 3

Advanced Category:  Juice HACCP  Seafood HACCP  
 Acidified  Low-Acid Canned Foods  CBD

Inspectional Frequency:  
Default Every \_\_\_\_\_ Days

Facility size (square ft.) \_\_\_\_\_

Fee: \_\_\_\_\_

Latitude N \_\_\_\_\_ Longitude W \_\_\_\_\_

**PAID** Check # \_\_\_\_\_

Water:  Public  Private  Other Sewage:  Public  Private  Other

Invoice \_\_\_\_\_

\_\_\_\_\_  
Submitted By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered By

\_\_\_\_\_  
Date

