

**APPLICATION FOR A PERMIT TO OPERATE A  TEMPORARY  FEE EXEMPT  
 FARMER'S MARKET TEMPORARY FOOD SERVICE ESTABLISHMENT  
AS REQUIRED BY KRS 217.005 TO 217.992**

**COPY OF CERTIFICATE OF TRAINING ATTACHED**

Temporary Permit Fee:	\$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Money Order	

County: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Temporary Dates of Operation: \_\_\_\_\_

Name: \_\_\_\_\_

Owner: \_\_\_\_\_

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

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

<b>FEE EXEMPT:</b> <b>If changes since last application indicate:</b>
<b>Previous Name:</b> _____
<b>Previous Owner:</b> _____
<b>Previous Address:</b> _____
_____ City State Zip Code

The applicant hereby grants the right of inspection to Cabinet for Health and Family Services representatives during normal working hours.

**Signature of Applicant:** \_\_\_\_\_

**Local Permit Number:** \_\_\_\_\_

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

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

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

*Signature and Title*



# Lexington-Fayette County Health Department

Environmental Health  
 650 Newtown Pike  
 Lexington, KY 40508-1197  
 (859) 231-9791  
 (859) 231-9459 Fax

## LFCHD Temporary Foodservice Registration Form

Name of Concession: \_\_\_\_\_

Owner/ Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Location of Temporary: \_\_\_\_\_

Construction of Temporary Structure (trailer, tent, etc.): \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_

Hours of Operation: From \_\_\_\_\_ To \_\_\_\_\_

**If for whatever reason you do NOT set-up or are late please call 859-231-9791 during normal working hours or after-hours / weekends / holidays call 859-335-7071 to notify the Environmental Health representative.**

Food Type	Where Purchased	Method of Storage	Facilities to maintain temperature

**FOOD MUST BE PREPARED ON-SITE OR AT A PERMITTED FOOD SERVICE LOCATION. IF THE FOOD IS PREPARED AT A PERMITTED FOOD SERVICE LOCATION THE TEMPORARY FOOD SERVICE APPLICANT MUST PROVIDE A COPY OF THE PERMIT SHOWING THE NAME OF THE PERMITTED FOOD SERVICE ESTABLISHMENT, THE PERMIT NUMBER, AND ADDRESS. ADDITIONALLY, THE TEMPORARY FOOD SERVICE APPLICANT MUST PROVIDE THE DATE AND TIME OF THE FOOD PREPARATION.**

Permitted Food Service Name & Permit #	Address of Facility	Date	Time Prepared

DATE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF OWNER OF FACILITY

➤ The Health Department reserves the right to prohibit the sale of specified items after reviewing the completed list. The applicant hereby grants the right of inspection to the Lexington-Fayette County Health Department representatives.

DATE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF OWNER OF FACILITY