

Three Rivers District Health Department & Home Health Agency

510 South Main Street
Owenton, Kentucky 40359
PH: (502) 484-3412
FAX: (502) 484-0864

TEMPORARY FOOD SERVICE APPLICATION

OWNER INFORMATION:

Owner/Operator Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

FACILITY INFORMATION:

Name of Concession Stand: _____

Type of Food Served (please be specific): _____

Location to set up: _____

Contact Name: _____ Phone #: _____

List the name and location of each concession stand. Each Stand will require a separate permit.
A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE FACILITY IS REQUIRED BY KRS 219.011

No person shall operate a temporary food service facility without first obtaining a permit issued by the Health Department

Date(s) of Operation: _____ to _____

Permit Fee: 1-3 days \$60

4-7 days \$90

8-14 days \$125

FOR OFFICE USE

Received by: _____

Date: _____

Fee Exempt: up to 14 days- Name of Tax Exempt entity and ID number: _____

MAKE CHECKS PAYABLE TO: THREE RIVERS DISTRICT HEALTH DEPARTMENT (OR TRDHD)

*Applicant Signature: _____ Date: _____

I confirm that I have reviewed and understand the attached information regarding initial set-up for temporary food service and guidelines for operation. I also understand that temporary food permits are good for up to 14 days after which time I cannot set up in the same location again for at least 30 days.

For more information contact the local Health Center below.

