



**Application to Operate a Temporary Food Service Establishment
By KRS219.011 ET SEQ.**

No Person shall Operate a Food Service Establishment without having a Permit issued by the Cabinet.

Money orders, cash, or credit cards accepted.

Temporary Permit Fees:

1-3	Permit	\$60
4-7	Permit	\$90
8-14	Permit	\$125

County: **Pike** Date of Application _____

Temporary Dates of Operation requested **April 24-26, 2025**

Festival Name: **Hillbilly Days Festival**

Name of Establishment: _____ Booth Number _____

Owner or Operator: _____

Phone #: _____

Mailing Address: _____

The Applicant hereby grants the right of inspection to the cabinet for Human Resources Representative(s) during normal business hours.

Signature of Applicant: _____

Send Application to: **Pike County Health Department
119 River Drive
Pikeville Ky, 41501
Phone 606-437-5541**

To be completed by Local Health Department

Permit# _____

Amount: _____

Date: _____

Approved By: _____