

DFS-202 (Rev. 4-07)

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: | \$ _____ | |
| • 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 _____

| |
|---|
| FEE EXEMPT: If changes since last application indicate: |
| Previous Name: _____ |
| Previous Owner: _____ |
| Previous Address: _____ |
| City _____ State _____ Zip Code _____ |

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

Signature of Applicant: _____

Local Permit Number: _____

Date Received: _____

Date Approved: _____

Approved By: _____

Signature and Title