

**CABINET FOR HEALTH SERVICES
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR PERMIT/LICENSE TO OPERATE A _____

FACILITY PROFILE Permit/License Fee _____ Inspection Fee _____ Total _____

Date Paid _____ Check Cash Money Order

Action: New Change Deleted Reactivate Est. No. _____ Program _____

Status: Active Inactive Hold No. app Suspended County _____

Sanitarian Number _____ Insp Intvl. _____ Type of Est. _____

Type of Service: Sit Down/Full Cafeteria/Continental Carry-out/retail mkt.
 Caterer (Comm.) Interstate Conveyance No Service Type

Water Supply: Public Private Other Sewage: Public Private Other

Federal ID _____ Census Tract _____

TO BE COMPLETED BY APPLICANT - PLEASE PRINT

Name of Establishment _____			
Sort Name (Leave Blank) _____			
Street Address _____			
City _____	State _____	Zip Code _____	Phone # _____
Owner's Name _____			
Mailing Address _____			
City _____	State _____	Zip Code _____	Phone # _____
Applicant Signature: _____			Date: _____

Social Security No. _____

Latitude	_____	_____	_____	Longitude	_____	_____	_____
	DEG	MIN	SEC		DEG	MIN	SEC

Quantity 1	Unit Measure	
	Machines	A
	Mobile Home Spaces	M
	Rooms	R
	Seats	S
	Trucks	T
	Gallons	G
	Boarders / Beds	B

Quantity 2	Unit Measure	
	Commissaries	C
	RV Spaces	V
	Feet	F
	Male Student	M
	Residents	R

Catering Operation

Drive Through Window

Planned Construction No. _____

Unit Measure	Quantity	Date

State Owned

Fee Paying

WIC

Group ID _____

Print Permit

Roster

Home County _____

Truck Only

SEPTIC TANK TRUCKS

Bond Information

Insurance Company

Individual

Bond Needed

Not Required

Cancelled

Number	Make	Model	Year	Capacity

Construction Plan Approval

New or Additional Plumbing Construction Approval

By: _____

Health Authority: _____

Date _____

