



LOCAL TEMPORARY FOOD SERVICE APPLICATION

Louisville Metro Public Health & Wellness
Environmental Division
400 East Gray Street, Louisville, KY 40202
(502) 574-6650 Fax (502) 574-6657

OWNER INFORMATION

Owner/Operator Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Applicant Signature _____ Date _____

FACILITY INFORMATION

Name of Concession Stand _____

Type of Food Served (please be specific) _____

Location of Stand (event name and address) _____

Vending is not permitted in Waterfront Park or in rights-of-way immediately adjacent to Waterfront Park without a License Agreement from the Waterfront Development Corporation. For more information on vending in Waterfront Park, please contact Waterfront Development Corporation at (502) 574-3768 or Deborah.Bilitski@louisvilleky.gov

Date of Operation _____

Contact Name _____ Phone _____

I confirm that I have reviewed and understand the attached information regarding initial set-up for temporary food service and points to remember. I also confirm I understand that after 14 consecutive days at one location I cannot set-up in the same location for at least another 30 days.

A LOCAL FOOD PERMIT TO OPERATE A TEMPORARY FOOD SERVICE FACILITY IS REQUIRED BY LMCO CHAPTER 118 Ordinance NO.161. No person shall operate a temporary food service facility without first having a permit issued by the LMPHW Environmental Health Division.

The fee for the Local Food Permit is \$80.

STATE Permit Fee (circle one):	Local Fee	Total Fee:		
1-3 consecutive days	\$50	\$80	1-3	\$130
4-7 consecutive days	\$75	\$80	4-7	\$155
8-14 consecutive days	\$100	\$80	8-14	\$180

For Health Dept. Use Only:	
Facility#	_____
Receipt#	_____
Date	_____

MAKE CHECK PAYABLE TO: LOUISVILLE METRO GOVERNMENT

•Contact Louisville Metro Codes and Regulations for vendor permit requirements

444 S. 5th, Louisville, KY 40202, 502-574-3591, <https://louisvilleky.gov/government/codes-regulations>



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
APPLICATION FOR A PERMIT TO OPERATE
A TEMPORARY FOOD SERVICE ESTABLISHMENT**

OWNER INFORMATION

Owner/Operator Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Applicant Signature _____ Date _____

FACILITY INFORMATION

Name of Concession Stand _____

Type of Food Served (please be specific) _____

Location of Stand (event name and address) _____

Date of Operation _____

Contact Name _____ Phone _____

I confirm that I understand that after 14 consecutive days at one location I cannot set-up in the same location for at least another 30 days.

A FOOD PERMIT TO OPERATE A TEMPORARY FOOD SERVICE FACILITY IS REQUIRED BY KRS 219.011 et seq. No person shall operate a temporary food service facility without first having a permit.

The fee for the Local Food Permit is \$80.

STATE Permit Fee (circle one):

1-3 consecutive days **\$50**

4-7 consecutive days **\$75**

8-14 consecutive days **\$100**

Total Fee:

1-3 **\$130**

4-7 **\$155**

8-14 **\$180**

MAKE CHECK PAYABLE TO: LOUISVILLE METRO GOVERNMENT

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