



**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 16-18, 2026**

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# \_\_\_\_\_  
Date: \_\_\_\_\_

Amount: \_\_\_\_\_  
Approved By: \_\_\_\_\_