

Prior to 12/31/2011 return top portion of application and make check payable to:

LOUISVILLE METRO OMB/HEALTH BILLING
PO BOX 34277
LOUISVILLE, KY 40232



CABINET FOR HEALTH AND FAMILY SERVICES
Application for a Permit/License/Registration/Certificate

County JEFFERSON
To Operate a FOOD SERVICE ESTABLISHMENT
 250 SEATS
Permit# 33070
Invoice# 0027554
Pursuant To KRS 217.125

No Person Shall Operate Such A Facility without a Permit.

Permit Fee: \$60.00 Inspection Fee: \$105.00 Total Due: \$165.00

Fee must accompany application

Cash Check Money Order

Location of Establishment if Different From Mailing Address

5700 CAPTAINS QUARTERS RD
HARRODS CREEK, KY 40027

CAPTAIN'S QUARTERS
CAPTAIN'S QUARTERS
1231 LEXINGTON ROAD
LOUISVILLE, KY 40204

Please Indicate Any Changes In Information on the Top Portion of this Form



Signature of Applicant _____

Date _____

Cut Along This Line and Return Top Portion With Payment

FOR 2012
Application for a Permit/License/Registration/Certificate

County JEFFERSON
Permit# 33070 FOOD SERVICE
Establishment CAPTAIN'S QUARTERS

If Any Questions Contact:

ENVIRONMENTAL HEALTH
400 E. GRAY ST., P.O. BOX 1704
LOUISVILLE, KY 40201
(502)574-6650

Total Due \$165.00
Invoice# 0027554

Date Paid _____

Please Retain The Bottom Portion For Your File