

COMMONWEALTH OF KENTUCKY  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
DEPARTMENT FOR PUBLIC HEALTH

\_\_\_\_\_  
Permit/License/Registration/  
Certification

No.

\_\_\_\_\_  
Sanitarian Code

## APPLICATION FOR REINSTATEMENT

PURSUANT TO: \_\_\_\_\_  
LAW OR REGULATION

I, \_\_\_\_\_, \_\_\_ Operator \_\_\_ Manager \_\_\_ Owner  
of \_\_\_\_\_, located at:

\_\_\_\_\_

hereby make application for reinstatement of: \_\_\_ Permit \_\_\_ License \_\_\_ Registration \_\_\_ Certification  
to: \_\_\_ Operate \_\_\_ Install in accordance with provisions of the above referenced law or regulation.

I hereby request an inspection be made to determine if requirements are being met as set forth in the above referenced law or regulation, since in my opinion the conditions causing the suspension have been corrected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### RETURN TO:

\_\_\_\_\_  
Health Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Department

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
**Date Reinstated**

\_\_\_\_\_  
Action Code

**H**