



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

**FOOD SAFETY BRANCH
502-564-7181**

No.
PERMIT/LICENSE/REGISTRATION/
CERTIFICATION

DATE

REQUEST FOR CONFERENCE

PURSUANT TO: 902 KAR 45:160

ISSUED TO:

(PLANT NAME) (ADDRESS)

(CITY) (STATE) (ZIP)

I, _____, Operator Manager Owner of _____

and being responsible for the above referenced facility, hereby request that I be afforded an opportunity for a conference in regard to the notice of impending action to: **SUSPEND** **REVOKE**

the: **PERMIT** **REGISTRATION** **CERTIFICATION**

as provided under the authority of KRS 217.005-217.175 and 902 KAR 45:160.

A **copy** of the **recording** of the conference or a **transcript** of the conference may be requested pursuant to 902 KAR 1:400. However, a transcript of the conference may not be made unless the requesting party assumes the cost and a request in writing is made at the time the conference is requested.

I DO _____ **I DO NOT** _____ request a transcript of the conference.
(YOUR INITIALS) (YOUR INITIALS)

(SIGNATURE OF PERSON REQUESTING CONFERENCE)

(DATE)

COMPETE AND RETURN THE ENTIRE FORM TO THE ADDRESS BELOW:

Kentucky Department for Public Health
Division of Public Health Protection & Safety
Food Safety Branch
275 East Main Street, HS1C-F
Frankfort, KY 40621

(HEALTH OFFICIAL'S SIGNATURE)

(TITLE)

(TELEPHONE NUMBER)

DO NOT WRITE IN THE SPACE BELOW – DEPARTMENT USE



SI# _____

(DATE REQUEST RECEIVED BY FOOD SAFETY BRANCH)

(HEALTH AUTHORITY'S SIGNATURE)