



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

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

No.
PERMIT/LICENSE/
REGISTRATION/
CERTIFICATION

SI #

APPLICATION FOR REINSTATEMENT

PURSUANT TO: KRS Chapter 217
 902 KAR 45:160

I, _____, Operator Manager Owner

of _____ located at
(PLANT NAME)

(ADDRESS)

Hereby make **application for reinstatement of** PERMIT REGISTRATION CERTIFICATION
to operate 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:

Food Safety Branch
275 E. Main Street, HS1C-F
Frankfort, KY 40621
Phone: 502-564-7181
Fax: 502-564-0398

DATE REINSTATED

SIGNATURE

