MP-19 (07/2023)

Meat & Poultry Inspection
APPLICATION FOR REGISTRATION

Kansas Department of Agriculture
Meat & Poultry Inspection Program
1320 Research Park Drive
Manhattan, KS 66502
Phone: 785-564-6776, Fax: 785-564-6779
E-mail: KDAMeatandPoultry@ks.gov
Website: www.agriculture.ks.gov

Calendar Year: _____

REGISTRATION FEE: $25

Kansas Establishment No. _____
_____
For Office Use Only

Please check all boxes which apply to your operation.

☐ Red Meat   ☐ Rabbit   ☐ Poultry

Custom:
☐ Custom Slaughter Facility - CLF
☐ Custom Processing Facility - CPF
☐ Custom Slaughter and Processing Facility - MCF

Inspected (MSP)**:**
☐ Inspected Slaughter Facility - ISF
☐ Inspected Processing Facility - IPF
☐ Inspected Slaughter and Processing Facility - MSP

Other:
☐ Wholesaler (see supplement) - WHS
☐ Poultry Exemption (see supplement) - POE

☐ Animal Food Manufacturer - AFM
☐ Broker - MMB
☐ Facility at Public Secondary School - FSS
☐ Federally Inspected Plant - FIP
☐ Public Warehouseman - POW
☐ Small/Seasonal Slaughter Facility - SSF
     State-owned Facility at Regent Institution - SFR

Business Name: _____   Email: _____

Business Address: _____ City: _____ Zip: _____

Mailing Address (if different from above): _____

Phone #: _____ County: _____ Tax ID#: _____

Business Type: ☐ Individual   ☐ Partnership   ☐ Corporation, Incorporated in the State of: _____

Name of Business owner(s): _____

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony or (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged foods or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. Attach a separate sheet if necessary. K.S.A. 65-6a36.

_____

I hereby attest that the information in this application is true, complete and accurate.

_____   _____
Signature of Owner, or Agent   Printed Name of person signing application

_____   _____
Title   Date

This institution is an equal opportunity provider.

For Office Use Only

Code	Fee	Transaction Number	Check No.
	$		
MLP			

Exemption Status: Custom _____
                    Poultry _____