

1320 Research Park Drive  
 Manhattan, KS 66502  
 785-564-6700  
 www. agriculture.ks.gov



900 SW Jackson, Room 456  
 Topeka, KS 66612  
 785-296-3556

Mike Beam, Secretary

Laura Kelly, Governor

## REQUESTED INSPECTION FORM

\* = required field

Address and Contact Information

*Business Information: Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> <i>If the applicant is a partnership, LLP, LP, Corporation, or LLC, the person applying on their behalf must be an authorized representative.</i>		
*Applicant Name:	*Premises/Business Name (if different):	*Phone Numbers (check which one is the preferred number): <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Other: _____
If this is an entity registered with the KS Secretary of State, name of Authorized Representative:	*Premises Physical Address (cannot be a PO Box):	
*Applicant Mailing Address:	*Premises City, Zip Code:	
*Applicant City, Zip Code:	*Preferred Method to Receive Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	
		*Email: _____

I am: Considering Licensure     A Current Licensee

License type held or being considered: \_\_\_\_\_

By completing this form, you agree that you will pay \$200 pursuant to K.S.A. 47-1721(c) for the requested inspection. An invoice for payment will be sent to you once the office receives this completed form. After payment is made, an inspector will get in touch with you to set up a time and date for the requested inspection.

Signature of requestor/licensee: \_\_\_\_\_