



# 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: [Krista.Moore@ks.gov](mailto:Krista.Moore@ks.gov)  
Website: <http://www.agriculture.ks.gov>

Calendar Year: \_\_\_\_\_

Kansas Establishment No. \_\_\_\_\_

**REGISTRATION FEE: \$25**

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:**

- Broker - MMB  
 Animal Food Manufacturer - AFM  
 Small/Seasonal Slaughter Facility - SSF  
 State-owned Facility at Regent Institution - SFR  
 Facility at Public Secondary School - FSS  
 Public Warehouseman - POW  
 Wholesaler - WHS  
 Poultry Exemption (see back) - POE  
Federally Inspected Plant - FIP

Facility Name: \_\_\_\_\_ Email: \_\_\_\_\_

Facility 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** \_\_\_\_\_



## Meat & Poultry Inspection HOURS OF OPERATION

Kansas Department of Agriculture  
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Manhattan, Kansas 66502  
Phone (785) 564-6776, Fax (785) 564-6779  
Website: <http://agriculture.ks.gov/>

Establishment Name \_\_\_\_\_ Establishment Number \_\_\_\_\_

Establishment Owner \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to 9 CFR 307.4, as adopted by KAR 4-16-1c, which is included below, please complete the following information about your establishment's operations:

**DAYS/HOURS ESTABLISHMENT IS OPEN FOR BUSINESS:**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

If you conduct multiple operations, such as operations requiring inspection, custom exempt operations, or retail exempt operations; please specify the hours and times that each operations occurs:

**OPERATIONS REQUIRING INSPECTION:** *(only if an inspected facility)*

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

Or: On-call basis, see information at the bottom of the page for requesting inspection services. \_\_\_\_\_

**CUSTOM EXEMPT OPERATIONS:**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

**RETAIL EXEMPT OPERATIONS:**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

I understand that it is a violation of the Kansas Meat and Poultry Inspection Act to apply the mark of inspection during days and times not declared on this form under "Operations requiring inspection", and that such violation will result in legal action, which may include suspension, modification, or revocation of registration; embargo or detention of meat or poultry products; the assessment of civil penalties; or any other action allowed by law.

\_\_\_\_\_  
*(Signature of Owner, Partner or Authorized Officer)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Printed Name)*

- For changes to your hours of operations, or if you have been granted inspection on an on-call basis, 9 CFR (2008) 307.4(d)(1) and (2) states,
- (1) Each official establishment shall submit a work schedule to the area supervisor for approval. In consideration of whether the approval of an establishment work schedule shall be given, the area supervisor shall take into account the efficient and effective use of inspection personnel. The work schedule must specify daily clock hours of operation and lunch periods for all departments of the establishment requiring inspection.
  - (2) Establishments shall maintain consistent work schedules. Any request by an establishment for a change in its work schedule involving an addition or elimination of shifts shall be submitted to the area supervisor at least 2 weeks in advance of the proposed change. Frequent requests for change shall not be approved. Provided, however, minor deviations from a daily operating schedule may be approved by the inspector in charge, if such request is received on the day preceding the day of change.

KDA will attempt to accommodate requests for change or requests for inspection services as late as two days prior to the requested change; however, we can't guarantee the availability of inspection staff unless the request is made at least 2 weeks in advance of the requested change. Requests should be made to the Area Supervisor. If you are unsure who the Area Supervisor is in your area, please contact the Manhattan Office at 785-564-6776.