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

Mike Beam, Interim Secretary

Laura Kelly, Governor

## REQUESTED INSPECTION FORM

Today's Date:	
Purpose of Inspection:	
□New Applicants: Name:	Address:
Application Type:	
□Current Licensees: License number:	
Completing this form, you agree that you will pa received your completed request form, an invoice	by \$200 pursuant to K.S.A. 47-1721(c). when the office e will be sent to you to pay the fee.
Once paid, an inspector will get in touch with yo	ou to set up the inspection.
•	is required to be submitted before you may request an a request unless they have an application submitted or a
Signature of applicant/licensee:	