APPLICATION FOR FOOD ESTABLISHMENT LICENSE
(National School Lunch Program Participants)

Kansas Department of Agriculture
Food Safety & Lodging
1320 Research Park Drive 2nd Floor Manhattan, KS 66502
(785) 564-6767
www.agriculture.ks.gov/fsl

ESTABLISHMENT INFORMATION

Establishment Name: ___________________________________________ Phone: ______________
Establishment Address: __________________________________________ Fax: ______________
City, State, Zip Code: ___________________________________________ County: ______________
Effective Date of Operation: ____/____/_____ Email Address (for renewals): ____________________________

OWNERSHIP INFORMATION

(READ CAREFULLY: Please list corporation, partnership, partners or individual owner)

Legal Ownership: ________________________________________________

☐ Individual / Sole Proprietor ☐ Partnership (LLP / LP)* ☐ Corporation (Corp. / Inc.)* ☐ LLC*

* Is ownership registered with the Kansas Secretary of State? ☐ No ☐ Yes--Business Entity ID #: __________________

To register with the Secretary of State go to www.kssos.org or call 785-296-4564 to register your ownership in KS

* Federal Tax ID #: ________________________________________________

Contact Person: _________________________________________________ Phone: ______________

Mail License and Renewal To: ☐ Establishment ☐ Optional Address

OPTIONAL MAILING ADDRESS

Mail to Name: __________________________________________________
Mailing Address: _________________________________________________
City, State, Zip Code: _____________________________________________

******************************************************************************
I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

_________________________ / _____/_____
Signature

_________________________ / _____/_____
Date

Printed Name

_________________________
Title

For Office Use Only

Inspector: _______________________________________________________
Inspection Date: ____/_____/_____
Task Assigned: ____/_____/_____

For Office Use Only

License # ______________________
Date Issued: ____/_____/_____
Initials: _____
A separate application and fees will need to be submitted for each location needing a license.

NOTE: ALL new applications require an application fee and a license fee.

All licenses run April 1st to March 31st.

Make checks payable to: Kansas Department of Agriculture or KDA

A credit card payment form can be downloaded at:

**School Lunch Facility** means any school, institution, or other organization providing meals to children through the National School Lunch Program of the Division of Food and Nutrition Services, United States Department of Agriculture.

**Satellite School Lunch Facility** means any program offered through an education facility with a school lunch program that is operated at a different location as designated by the education facility. A satellite school lunch program does not have on-site food preparation, except portioning food for service.

Please check the appropriate box below. This will be verified during initial inspection.

<table>
<thead>
<tr>
<th></th>
<th>Application Fee</th>
<th>License Fee</th>
<th>Total Fee Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Lunch Facility</td>
<td>$200.00</td>
<td>$415.00 (SCR)</td>
<td>$615.00 (SCN)</td>
</tr>
<tr>
<td>Satellite School Lunch</td>
<td>$200.00</td>
<td>$340.00 (SSR)</td>
<td>$540.00 (SSN)</td>
</tr>
</tbody>
</table>

**For Office Use Only**

SCN ____________________  SSN ____________________

CK  CC  MO  Cashier  Elec Check  Cash

Number ____________________  Transaction # ____________________  Amount $ ____________________

Revised October 2017