## APPLICATION FOR FOOD ESTABLISHMENT LICENSE



(Food, Mobile Unit, Non-NSLP Schools)

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	ess (for renewals):
OWNERSHI	P INFORMATION
(READ CAREFULLY: Please list corpora	tion, partnership, partners or individual owner)
Legal Ownership:	
	P)*
* Federal Tax ID #:	
Contact Person:	Phone:
Mail License and Renewal To:   Establishment	Optional Address
OPTIONAL M	AILING ADDRESS
Mail to Name:	
Mailing Address:	
City, State, Zip Code:	
	bide by all the terms of the Kansas Food, Drug and Cosmetic Act and the tents are true, complete and accurate to the best of my knowledge.
	/
Signature	Date
Printed Name	Title
For Office Use Only	
Inspector:	For Office Use Only
Inspection Date://	License #   Date Issued:/   Initials:
Task Assigned:/	

NOTE: <u>ALL</u> new applications req		•	a license.		
All licenses run April 1st to March	31 <sup>st</sup> .				
Make checks payable to: Kansas	Department of Agriculture	e or KDA			
A credit card payment form can be <a href="http://agriculture.ks.gov/docs/de">http://agriculture.ks.gov/docs/de</a>		ty/credit-card-eft-food-	cc-october-2	2017.pdf?sfvrsn=4	
What is the square footage of you	r facility that is used for fo	od preparation, storage,	display, and	customer seating?	
Facility square footage:	sq. ft.				
☐ Food (Grocery, Convenience	Store, Restaurant)	☐ Mobile Unit	☐ Non-	NSLP School	
Please check the appropriate bo	ox below. The category a	and size will be verified	d during init	tial inspection.	
Category I-If your business does at control for safety; uses freezing as a ingredients; uses specialized processonsumption without further preparathen use these fees. If your business	a means to achieve paras ssing; has a required haza ation any food containing as does none of the proces	ite destruction; handles ard analysis critical conti raw or undercooked egg sses listed, go to Catego	raw, in-shell rol point plar ps, meat, poo pry II.	I molluscan shellfish n; and/or offers for ultry, fish, or shellfish;	
Size  ☐ Less than 5,000 sq. ft. ☐ 5,000 to 10,000 sq. ft. ☐ 10,001 to 50,000 sq. ft. ☐ Over 50,000 sq. ft.	Application Fee \$300.00 \$325.00 \$350.00 \$350.00	+ License Fee \$250.00 (FR1) \$300.00 (FR5) \$500.00 (FR6) \$750.00 (FR7)		Total Fee Due \$550.00 (FN1) \$625.00 (FN5) \$850.00 (FN6) \$1100.00 (FN7)	
Category II If your business does a processor in smaller quantities for cor slices only raw animal foods or rethese fees. If your business does not be supported by the second statement of the second	listribution; heats only foo eady-to-eat meats and che	ds from a licensed food eeses; and does not do	processor; c	or, handles, cuts, grinds,	
	Application Fee \$325.00	+ License Fee \$220.00 (FR2)		Total Fee Due \$545.00 (FN2)	
Category III-If your business does a beverages, including those prepack below for food safety; or, offers unp mixed drinks; and does not do any	aged foods and beverage ackaged food that does n Category I or II processes	es that are required to be ot require time and temper, then use these fees.	e held at a te perature con	emperature of 41 °F or trol for safety, including	
	Application Fee \$275.00	+ License Fee \$190.00 (FR3		<b>Total Fee Due \$465.00</b> (FN3)	
**For Office Use Only**					
FN1 FN5 _	FN6	S	FN7		
FN2					
FN3					
CK CC MO Cashier E	lec Check Cash				
Number	Transaction #	Amount \$			