APPLICATION FOR FOOD ESTABLISHMENT LICENSE

(Food, Mobile Unit, Non-NSLP Schools)

Kansas Department of Agriculture

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 IN	IFORMATION
(READ CAREFULLY: Please list corporation,	partnership, partners or individual owner)
egal Ownership:	
□ Individual / Sole Proprietor □ Partnership (LLP / LP)*	□ Corporation (Corp. / Inc.)* □ LLC*
* Is ownership registered with the Kansas Secretary of State?	
	www.kssos.org or call 785-296-4564 to register your ownership in KS
* Federal Tax ID #:	_
Contact Person:	Phone:
	onal Address
OPTIONAL MAIL	ING 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
I agree as a condition to the granting of a license to comply with and abide rules and regulations prescribed thereunder. I declare the above statements	by all the terms of the Kansas Food, Drug and Cosmetic Act and the
rules and regulations prescribed thereunder. I declare the above statements	by all the terms of the Kansas Food, Drug and Cosmetic Act and the are true, complete and accurate to the best of my knowledge.
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NOTE: <u>ALL</u> new applications req	uire an application fee <u>and</u>	a license fee.		
All licenses run April 1 st to March 3	31 st .			
Make checks payable to: Kansas	Department of Agriculture	or KDA		
A credit card payment form can be http://agriculture.ks.gov/docs/def		//credit-card-eft-food-	<u>cc-october-20</u>	017.pdf?sfvrsn=4
What is the square footage of your	facility that is used for food	d preparation, storage,	display, and c	customer seating?
Facility square footage:	sq. ft.			
Food (Grocery, Convenience	Store, Restaurant)	Mobile Unit	Non-N	SLP School
Please check the appropriate bo	ox below. The category ar	nd size will be verified	during initia	al inspection.
Category I-If your business does ar control for safety; uses freezing as a ingredients; uses specialized process consumption without further prepara then use these fees. If your business Size Less than 5,000 sq. ft. 5,000 to 10,000 sq. ft. 5,000 to 50,000 sq. ft. 0ver 50,000 sq. ft. Category II If your business does a processor in smaller quantities for d or slices only raw animal foods or re- these fees. If your business does no	a means to achieve parasit ssing; has a required hazar ation any food containing ra s does none of the process Application Fee \$300.00 \$325.00 \$350.00 \$350.00 \$350.00 \$350.00	e destruction; handles d analysis critical contr aw or undercooked egg ses listed, go to Catego + License Fee \$250.00 (FR1) \$300.00 (FR5) \$500.00 (FR6) \$750.00 (FR7) es baked products; rep s from a licensed food eses; and does not do	raw, in-shell r rol point plan; js, meat, poul ory II. = ackages food processor; or,	molluscan shellfish and/or offers for try, fish, or shellfish; Total Fee Due \$550.00 (FN1) \$625.00 (FN5) \$850.00 (FN6) \$1100.00 (FN7) Is from a licensed food , 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 unpermixed drinks; and does not do any 0	aged foods and beverages ackaged food that does no Category I or II processes,	that are required to be t require time and temp then use these fees.	e held at a tem perature contro	nperature of 41 °F or ol for safety, including
	Application Fee \$275.00	+ License Fee \$190.00 (FR3		Total Fee Due \$465.00 (FN3)
For Office Use Only				
FN1 FN5	FN6		FN7	
FN2				
FN3				
CK CC MO Cashier E	lec Check Cash			

A separate application and fees will need to be submitted for each location needing a license.

 Number ______
 Transaction # ______
 Amount \$ ______