



# 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/fsi

## 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](http://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: \_\_\_\_\_

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 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

<b>For Office Use Only</b> Inspector: _____ Inspection Date: ___/___/___ Task Assigned: ___/___/___
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<b>For Office Use Only</b> License # _____ Date Issued: ___/___/___ Initials: ____
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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 1<sup>st</sup> to March 31<sup>st</sup>.

Make checks payable to: Kansas Department of Agriculture or KDA

A credit card payment form can be downloaded at:

<http://agriculture.ks.gov/docs/default-source/rc-food-safety/credit-card-eft-food-cc-october-2017.pdf?sfvrsn=4>

**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.**

	Application Fee	+	License Fee	=	Total Fee Due
<input type="checkbox"/> <b>School Lunch Facility</b>	<b>\$200.00</b>		<b>\$415.00</b> (SCR)		<b>\$615.00</b> (SCN)
<input type="checkbox"/> <b>Satellite School Lunch Facility</b>	<b>\$200.00</b>		<b>\$340.00</b> (SSR)		<b>\$540.00</b> (SSN)

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**\*\*For Office Use Only\*\***

SCN \_\_\_\_\_ SSN \_\_\_\_\_

CK   CC   MO   Cashier   Elec Check   Cash

Number \_\_\_\_\_ Transaction # \_\_\_\_\_ Amount \$ \_\_\_\_\_