



APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Phone (785) 296-5600 FAX (785) 296-6522

Please mail **Application & Check** to: **Kansas Department of Health and Environment
Bureau of Consumer Health ATTN: Food Protection Section
Application MUST accompany Check 1000 SW Jackson Ste 330
Topeka, Kansas 66612-1365**

Date _____ **APPLICATION MUST BE FULLY COMPLETED.** All facilities must be inspected and licensed *prior* to operation.
Completion and submission of this form does not constitute authorization to open a food service establishment.

Establishment Information

Establishment Name _____ Date operation to begin _____

Previous Establishment Name _____

Street Address _____ Phone () _____

City _____ KS Zip _____ County _____

State Tax ID # _____ OR Fed ID # _____ - _____ OR Social Security # _____ - _____ - _____

Owner Information (PLEASE LIST LEGAL OWNERSHIP; corporation, limited partnership, individual, etc.)

Owner name _____ E-mail Address _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

Optional Mailing Address

Name _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

List all persons, individuals, partners, officers, holders, or owners of 10% or more of voting stock, and persons in an officer or executive capacity of the corporation. Notify the Dept of Health and Environment within 30 days of any changes in the listing given.	
Name	Title

FEES SCHEDULE: LICENSES ARE ISSUED FOR THE CALENDAR YEAR. ALL LICENSES EXPIRE DECEMBER 31 OF THE YEAR FOR WHICH LICENSE WAS ISSUED. APPLICATION FEE NOT REFUNDABLE.

APPLICATION FEE \$ 200.00
 LICENSE FEE \$ 200.00
TOTAL DUE \$ 400.00

SATELLITE SCHOOLS AND SATELLITE SENIOR MEAL SITE

APPLICATION FEE \$ 200.00
 LICENSE FEE \$ 130.00
TOTAL DUE \$ 330.00

Topeka Office Use Only
 Application Completed
 Date _____
 By _____

Credit Card Information – DISCOVER CARD ONLY

A 2.5% convenience fee will be assessed on this transaction to cover the costs associated with the acceptance of this credit card.

Acct. Number: _____ Exp. Date: _____
(Please Print Clearly)

Signature as on Card: _____
By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Mail License to:	Mail Renewal to:
___ Establishment	___ Establishment
___ Owner	___ Owner
___ Optional Address	___ Optional Address

For Official Use Only
 Inspector ID #: _____
 Pre licensing Inspection
 Date: _____

Applicant's Name (print) _____ TITLE _____

Applicant's Signature _____

For more information, visit our web site at www.kdhe.state.ks.us/fpcs