

If you have questions concerning the type of license you need, please call the Kansas Department of Agriculture at 785-296-7430. Please check all boxes that apply to the license you need. Please note that all NEW applications require an application fee and a license fee. Send application and fees to:

**Kansas Department of Agriculture
Records Center – Food Safety
109 SW 9th St Topeka, KS 66612**

Establishment Name _____
 Federal Tax ID # _____
 City _____ County _____

Section A- Retail Food Store

	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
_____ Under 5,000 square feet	\$ 50.00 (NR1) **		\$ 50.00 (LR1) **		\$100.00
_____ 5,000 - 15,000 square feet	\$ 100.00 (NR2) **		\$ 100.00 (LR2) **		\$200.00
_____ Over 15,000 square feet	\$ 150.00 (NR3) **		\$ 150.00 (LR3) **		\$300.00

Please check the box(es) that describes the primary type(s) of business that you operate within the facility

- | | |
|--|--|
| <input type="checkbox"/> Retail Grocery Store
<input type="checkbox"/> Convenience Grocery Store
<input type="checkbox"/> Retail Meat Store
<input type="checkbox"/> Specialty Shop
<input type="checkbox"/> Variety Store | <input type="checkbox"/> Bakery Outlet
<input type="checkbox"/> Health Food Store
<input type="checkbox"/> Bakery
<input type="checkbox"/> Other _____ (Please specify) |
|--|--|

Section B- Food Service Establishment in a Retail Food Store

	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
_____ Food Service Establishment in a Retail Food Store	\$200.00 (FSN) **		\$200.00 (FSG) **		\$400.00

Section C- Ice Cream Truck (ICT) **

_____ Ice Cream Truck # of trucks _____ @ **\$5.00** each \$ _____

**For Office Use Only

Rev 03/10

NR_	FSN	Transaction #	_____
LR_	FSG	Check #	_____
	FN_	Total	_____
ICT	FG_		_____