

Kansas Department of Agriculture  
 Meat and Poultry Inspection Program – Records Center  
 109 SW 9<sup>th</sup> St., Topeka, KS 66612  
 785-296-2142

APPLICATION FOR REGISTRATION

**Wholesaler or Public Warehouseman**  
**NO REGISTRATION FEE REQUIRED**

Please check the box or boxes that apply to your operation:

Federal  Wholesaler  Public Warehouseman

Firm Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ County: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Business Type: Individual  Partnership  Corporation  Incorporated in State of: \_\_\_\_\_

Name of Business Owner or Owners: \_\_\_\_\_

List all persons, individuals, partners, officers, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Department of Agriculture within 30 days of any changes in the listing given. Attach additional sheet if necessary.

Name	Title	Address	Holder of more than 10% of voting stock (Yes or No)

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony based upon acquiring, handling, or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food or of (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. Please attach an additional sheet if necessary.

**AGREEMENT AND CERTIFICATION:** If inspection and registration is granted under this application, I (we) expressly agree to conform strictly to the Kansas Meat and Poultry Inspection Act (K.S.A. 65-6a18 et seq. as amended) and the requirements of the regulations promulgated by the Secretary governing the Inspection of Meat and Meat Food Products or the inspection of Poultry and Poultry products, or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Owner, Partner, or Authorized Officer

\_\_\_\_\_  
 Printed Name of Person Signing Application

\_\_\_\_\_  
 Title

This institution is an equal opportunity provider

FOR OFFICE USE ONLY

Fee \_\_\_\_\_ Code MLP \_\_\_\_\_ Transaction Number \_\_\_\_\_ Receipt Date \_\_\_\_\_ Check No. \_\_\_\_\_