



# Meat & Poultry Inspection

## APPLICATION FOR REGISTRATION

Kansas Department of Agriculture  
 Meat & Poultry Inspection Program  
 1320 Research Park Drive  
 Manhattan, KS 66502  
 Phone: 785-564-6776  
 E-mail: [KDAMeatandPoultry@ks.gov](mailto:KDAMeatandPoultry@ks.gov)  
 Website: [www.agriculture.ks.gov](http://www.agriculture.ks.gov)

Calendar Year: \_\_\_\_\_

KS Establishment No.: \_\_\_\_\_

**REGISTRATION FEE: \$25**

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STEP 1
LICENSE TYPE
<input type="checkbox"/> Wholesaler * <input type="checkbox"/> Animal Food Manufacturer <input type="checkbox"/> Broker <input type="checkbox"/> Public Warehouseman

*\*See Supplement Pages*

STEP 2
SPECIES
<input type="checkbox"/> Red Meat <input type="checkbox"/> Poultry

***If poultry, move  
on to step 3***

STEP 3
POULTRY EXEMPTION *
<input type="checkbox"/> Personal Use <input type="checkbox"/> 1,000-bird Producer, Grower <input type="checkbox"/> 20,000-bird Producer, Grower <input type="checkbox"/> 20,000-bird Producer, Grower, or Other Person <input type="checkbox"/> Custom Slaughter, Processing, or Both <input type="checkbox"/> Small Enterprise <input type="checkbox"/> Retail <input type="checkbox"/> None (Processed at Inspected Facility)

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

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

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

List all persons, individuals, partners, officers, holders, or owners of 10 percent 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 a separate sheet if necessary.

Name	Title	Address, City, State, Zip Code	Holder of More than 10% of voting stock? (Check)	
			Yes	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. Attach a separate 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: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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Code	Fee	Transaction No.	Check No. / CC
	\$		
MLP	\$		

**This institution is an equal opportunity provider**



**Kansas Department of Agriculture**  
**ELECTRONIC PAYMENT FORM**

Kansas Department of Agriculture  
Meat & Poultry Inspection Program  
1320 Research Park Drive  
Manhattan, KS 66502  
Phone: 785-564-6776  
Fax: 785-564-6779  
E-mail: [KDAMeatandPoultry@ks.gov](mailto:KDAMeatandPoultry@ks.gov)

Acceptable methods of payment include: Visa, MasterCard, Discover, American Express, or pay by electronic check.

Please email or fax this form to the contact listed above. Thank you.

Business Name: \_\_\_\_\_

Cardholder/Name on Check (Please Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address for Receipt: \_\_\_\_\_

Payment Method:  Visa  Master Card  Discover  American Express  Electronic Check

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ CVV # \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Total Amount Charged \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

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Payment # \_\_\_\_\_