



Meat & Poultry Inspection

APPLICATION FOR REGISTRATION

INSPECTION FACILITY

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

Calendar Year: _____

KS Establishment No.: _____

REGISTRATION FEE: \$25

For Office Use Only

STEP 1
LICENSE TYPE
<input type="checkbox"/> KS Inspected Facility
<input type="checkbox"/> KS Custom Facility
<input type="checkbox"/> Federally Inspected Plant
<input type="checkbox"/> Facility at Public Secondary School
<input type="checkbox"/> State-Owned Facility at Regent Institution
<input type="checkbox"/> Small/Seasonal Slaughter Facility

STEP 2		
SLAUGHTER	PROCESSING	EXEMPTION
<input type="checkbox"/> Red Meat	<input type="checkbox"/> Red Meat	<input type="checkbox"/> Custom
<input type="checkbox"/> Rabbit	<input type="checkbox"/> Rabbit	<input type="checkbox"/> Retail
<input type="checkbox"/> Poultry	<input type="checkbox"/> Poultry	

Check all that apply

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: _____

FOR OFFICIAL USE ONLY

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

This institution is an equal opportunity provider



Meat & Poultry Inspection

HOURS OF OPERATION

Kansas Department of Agriculture
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1320 Research Park Drive
Manhattan, KS 66502
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Establishment Name: _____ Est. Number: _____
Establishment Owner: _____ Date: _____

Pursuant to KMPI Code 7-4, as adopted by K.A.R 4-16-1c, which is included below, please complete the following information about your establishment's operations:

DAYS/HOURS ESTABLISHMENT IS OPEN FOR BUSINESS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

If you conduct multiple operations, such as operations requiring inspection, custom-exempt operations, or retail-exempt operations, please specify the hours and times that each operation occurs:

OPERATIONS REQUIRING INSPECTION:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

Or: On-call basis, see information at the bottom of the page for requesting inspection services. _____

CUSTOM EXEMPT OPERATIONS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

RETAIL EXEMPT OPERATIONS:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

I understand that it is a violation of the Kansas Meat and Poultry Inspection Act to apply the mark of inspection during days and times not declared on this form under "Operations requiring inspection", and that such violation will result in legal action, which may include suspension, modification, or revocation of registration; embargo or detention of meat or poultry products; the assessment of civil penalties; or any other action allowed by law.

SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____

For changes to your hours of operations, or if you have been granted inspection on an on-call basis, KMPI Code 7-4(d)(1) and (2) states, (1)Each official establishment shall submit a work schedule to the area supervisor for approval. In consideration of whether the approval of an establishment work schedule shall be given, the area supervisor shall take into account the efficient and effective use of Program Employees. The work schedule shall specify daily clock hours of operation and lunch periods for all departments of the establishment requiring inspection. (2) Establishments shall maintain consistent work schedules. Any request by an establishment for a change in its work schedule involving an addition or elimination of shifts shall be submitted to the area supervisor at least two weeks in advance of the proposed change. Frequent requests for change shall not be approved; provided, however, minor deviations from a daily operating schedule may be approved by the area supervisor, if such request is received on the day preceding the day of change.

KDA will attempt to accommodate requests for change or requests for inspection services as late as two days prior to the requested change; however, we can't guarantee the availability of inspection staff unless the request is made at least 2 weeks in advance of the requested change. Requests should be made to the Area Supervisor. If you are unsure who the Area Supervisor is in your area, please contact the Manhattan Office at 785-564-6776.



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INSPECTED PLANT QUESTIONNAIRE

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Establishment Name: _____ Est. Number: _____

Please fill out the questionnaire below.

1. What type of establishment are you? *(Select all the apply)*

- Inspected Slaughter- ISF
- Inspected Processing – IPF
- Inspected Slaughter and Processing – MSP

2. If you selected the establishment slaughters, what species do you slaughter? *(Select all the apply)*

- Red Meat
- Poultry
- Rabbit

3. If you have selected the establishment processes, what species do you process? *(Select all the apply)*

- Red Meat
- Poultry
- Rabbit

4. What HACCP plans are active for your establishment? *(Select all the apply)*

- Raw Product - Intact (Raw Ground)
- Raw Product - Non-Intact (Raw Not Ground)
- Thermally Processed Commercially Sterile (TPCS)
- Not Heat Treated - Shelf Stable (NHTSS)
- Heat Treated-Shelf Stable (HTSS)
- Fully Cooked - Not Shelf Stable (FCNSS)
- Heat Treated but Not Fully Cooked - Not Shelf Stable (HTNFCNSS)

5. Does your establishment currently operate under any exemptions? *(Select all the apply)*

- Custom
- Retail

SIGNATURE: _____

TITLE: _____

PRINTED NAME: _____

DATE: _____



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

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 # _____