



Public Health Department



Terry Brecheisen, Director

619 Ann Avenue
Kansas City, KS 66101

Phone: (913) 573-8855
Fax: (913) 321-7932

APPLICATION FOR WYANDOTTE COUNTY/KANSAS CITY, KS RETAIL FOOD PERMIT

I hereby make application for a Retail Food Permit:

Date: _____ 20____ New _____ Renewal _____

Name of Business : _____ Phone #: _____

Address of Business : _____ City: _____ Zip: _____

Owner(s) of Business: _____ SSN: _____

Owner(s) Home Address : _____ City : _____ Zip: _____

Owner (s) Home, Cell, Pager Phone Numbers: _____

Type of Business: _____

Signature(s) _____

(This Application Must be Signed)

Mail application to: **Public Health Department**
Environmental Health Services
619 Ann Avenue, Rm. 320
Kansas City, Kansas 66101

Permits are issued for the calendar year and **ALL PERMITS EXPIRE DECEMBER 31** of the year for which the permit was issued.

Check _____ or Money Order _____ only. **No cash accepted**

Schedule of Fees

Application (new) \$50.00

Permit fee < 3, 000 Square feet... \$40.00

> 3,000 Square feet... \$100.00

Total Fee: \$ _____

Make Check or Money Order payable to: **Unified Government Treasurer**

ESTABLISHMENT SHALL NOT OPERATE UNTIL THEIR PERMIT IS APPROVED AND ISSUED BY ENVIRONMENTAL HEALTH SERVICES.