

Food Service Establishment License Application



Community Services
8500 Antioch
Overland Park, KS 66212
(913)895-6270 • Fax (913)895-5084

Planning and Development Services Department

www.opkansas.org

Establishment Date of Application ____/____/____ Expected Date of Opening ____/____/____

RST# _____ License Fee Enclosed (\$100) _____ Add \$25 late fee if your current license has expired.

This is a **NEW** application (new establishment, new owner or name change) **RENEWAL** (no ownership or name change)

Name of Establishment (name will appear on license) _____

Address _____ City _____

State _____ ZIP Code _____ Phone # _____

FAX _____ E-Mail _____

Web site _____ Tax I.D.# _____

What are the hours of operation? _____ a.m. / p.m. to _____ a.m. / p.m.

Do you allow smoking on an outdoor patio? Yes or No Lounge/Bar Snack Bar/

Which one best describes your Establishment: Mobile Convenience Store

Bakery Confectionary Commissary Institution

Caterer Continental Breakfast Delicatessen Restaurant

Employee Cafeteria

What address should your license renewal letter & application be mailed to Establishment, Manager, Corp. Owner?

Information required

Emergency Contact Information Name _____

Address _____ City _____ State _____

ZIP Code _____ Phone # _____ E-Mail _____

Manager _____

Address _____ City _____

State _____ ZIP Code _____ Phone # _____

FAX _____ E-Mail _____

Owner

Is establishment owned by an individual partnership corporation LLC or other?

Owner of Establishment (name will appear on license) _____

Address _____ City _____

State _____ ZIP Code _____ Phone # _____

FAX _____ E-Mail _____

Information required if the owner is an entity.

Corporation Name _____ Address _____

City _____ State _____ ZIP Code _____ Phone # _____

President's Name _____ Address _____

City _____ State _____ ZIP Code _____ Phone # _____

Signature _____ Title _____ Date _____

OFFICE USE ONLY - Processed and paid by _____ Paid with _____ Date Paid _____