



Public Health  
Prevent. Promote. Protect.

# Unified Government Public Health Department

619 Ann Avenue, Kansas City, KS 66101-3038

Phone (913) 573-6705

wycokck.org/health

## NEW ESTABLISHMENT APPLICATION FOR WYANDOTTE COUNTY RETAIL FOOD PERMIT

Application must be completed in full, incomplete applications not accepted  
Return completed application at least 15-30 days prior to planned opening date  
\$65 nonrefundable application fee due with application  
Pre-opening inspection does not guarantee a permit will be issued  
\$75/\$135 permit fee due at time of pre-opening inspection with PASSING results  
Check or money order ONLY  
Make payable to the Unified Government Treasurer

Date: \_\_\_\_\_

### Establishment Information

Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Days/hours of Operation: \_\_\_\_\_  
Building Square Footage: \_\_\_\_\_

### Owner Information

Ownership Type (Circle one): Individual Association Corporation Partnership LLC  
Federal Tax ID #: \_\_\_\_\_  
Owner(s) Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The checklist provided below is used by the Retail Program to ensure a facility meets all requirement in order to operate. Please circle which one(s) apply:

#### 1. Water Source

- A. Public
- B. Private

#### 2. Sewage Disposal

- A. Public
- B. Private

#### 3. Floors

- A. Grease resistant, easily cleanable, and in good repair
- B. Covered floor-wall juncture

#### 4. Walls/Ceilings

- A. Constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials
- B. Ceiling constructed so that no beams or piping are exposed overhead



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### 5. Hand sinks

- A. Hand sinks provided in the following areas:
  - Food preparation area(s)
  - Dishwashing area(s)
  - Busing, wait station, service area(s)
  - Bar area(s)
- B. Hand sinks provide hot water with a temperature of at least 100°F

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### 6. Three Compartment Sink

- A. Three compartment sink provided
- B. Hot and cold running water supplied to all compartments and drain stoppers provided
- C. Adequate drain boards provided.

### 7. Refrigeration/Freezer Units

- A. Potentially hazardous food is held at 41°F or below
- B. Freezer holds foods frozen

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### 8. Temperature Measuring Devices

- A. Located in hot and cold holding units
- B. Available for food monitoring (0° - 220°F)

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### 9. Storage Areas

- A. Shelves easily cleanable and properly constructed
- B. Shelving provided to store all items
- C. Food and food related items stored 6 inches above floor

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### 10. Have major renovations occurred (plumbing, electrical, new equipment, etc.)?      YES / NO

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### 11. Equipment

- A. Permanent equipment in good condition
- B. Properly spaced for easy cleaning

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### 12. Non-Food Contact Surfaces clean to sight and touch?      YES / NO

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### 13. Toxic Materials

- A. Storage location away from food and food related items
- B. Proper labeling

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### 14. Pest Control

- A. Establishment free from rodents and insects
- B. Outer openings properly protected
- C. Professional pest control provided

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### 15. Adequate Lighting

- A. Adequate lighting provided over food prep, utensil washing, storage, and restroom areas
- B. Light fixtures properly shielded in food prep and storage areas

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### 17. Refuse

- A. Trash receptacle provided outside the establishment with a tightfitting lid
- B. Maintained in good repair



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I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED INVALID.

I AM FAMILIAR WITH THE CONTENTS OF THE KANSAS FOOD CODE AND UNDERSTAND THAT MY FOOD SERVICE PERMIT MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ORDINANCE. IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER LOCATION, OR FROM ONE TYPE OF OPERATION TO ANOTHER TYPE OF OPERATION.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**FOOD INSPECTOR (PRINT):** \_\_\_\_\_ **APPROVAL DATE:** \_\_\_\_\_

**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, regardless of application date for new establishment.

### **Check or Money Order ONLY**

#### **Schedule of Fees**

First Time Application **\$65.00**  
(including ownership/name change)

Permit fee < 3,000 Square feet... **\$75.00**  
> 3,000 Square feet... **\$135.00**

**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.**