



Health Permit Application

The undersigned hereby makes application for a Health Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 22 Health and Sanitation, Article II

BUSINESS INFORMATION:

New \$100.00 Renewal \$100.00

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

OWNER/APPLICANT INFORMATION:

Owner/Applicant Name: _____

Owner/Applicant Address: _____ City: _____ State: _____ Zip: _____

Owner/Applicant Phone: _____ Email: _____

MAILING ADDRESS:

Business Owner/Applicant Other: _____

APPLICATION MUST INCLUDE THE FOLLOWING:

Provide proof of a valid Food Establishment License issued by the State of Kansas Department of Agriculture. Kansas Sales Tax ID Number: _____

No food or drinking establishment shall operate within the City of Leavenworth without first obtaining a health permit. When a food or drinking establishment fails to qualify as provided in section 22-25 Regulations/Enforcement, the City Health Officer is authorized to suspend or revoke the permit of the food or drinking establishment. Each owner or operator of a food or drinking establishment shall pay an annual health permit fee as set out in the city fee schedule. The annual fee shall be payable to the City of Leavenworth at the time of application. The health permit shall be renewed and the permit fee paid prior to April 30th of each year. Proof of a valid Food Establishment License issued by the State of Kansas Department of Agriculture must be provided to the City Clerk annually.

_____ Initial for Acknowledgment

Date: _____ **Office Use Only**

_____ Received By

_____ Kansas Sales Tax ID Number

_____ Copy of State Food License

_____ Business Account Number

_____ License Number

_____ Bill Number

_____ Health Inspector Approval **New Applicants Only**

_____ Public Works/Inspections Approval

_____ Community Development Approval

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct.

Owner/Applicant Signature: _____ Date: _____

HEALTH PERMITS EXPIRE APRIL 30TH OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5th Street • Leavenworth, Kansas 66048