



City of Leavenworth
 100 N. 5th Street
 Leavenworth, KS 66048
 913-682-9201 Fax: 913-651-7143
 www.lvks.org

HEALTH PERMIT APPLICATION

Date: _____

New \$100.00 (K6) **Renewal \$100.00 (K6)**

The undersigned hereby makes application for a Health Permit in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 54 (health and sanitation).

Business Name: _____

Business Address: _____ Hours of Operation: _____

Business Phone: _____ E-mail: _____

Owner/Applicant Information

Owner/Applicant Name: _____ Address: _____

Business Phone: _____ E-mail: _____

No food service establishment shall be operated within the city or its police jurisdiction except for those issued a permit to operate. When any food service establishment fails to qualify as provided in the Code of Ordinances, the city health officer is authorized to suspend or revoke the permit of the food service establishment. Provided further, that temporary food service establishments shall also be required to obtain a permit. (Per Code of Ordinance Chapter 54)

By signing, I agree to comply with the City of Leavenworth Ordinance, Rules, or Regulation that govern the license.

Owner/Applicant's Signature: _____ Date: _____

HEALTH PERMITS EXPIRE DECEMBER 31st OF EACH YEAR

FOR OFFICE USE ONLY

Date: _____ City Clerk's Office Staff Received by: _____

New Applicants – Application sent to Health Inspector

New Applicants – Health Inspection Passed

Date: _____

Date: _____

Health Permit - **1560** Health License/Permit # _____ Database Updated: _____

Print Permit