

**Kansas Department of Agriculture**  
 Records Center - DAIRY  
 109 SW 9<sup>th</sup> Street  
 Topeka KS 66612-1272  
 (785) 296-3787



**APPLICATION FOR A DAIRY MANUFACTURING PLANT LICENSE**

Any person in business as a dairy manufacturing plant is required to obtain an annual license. A dairy manufacturing plant is any place where dairy products, Grade A milk or milk products are manufactured or prepared for sale or distribution, either at wholesale or retail.

For calendar year \_\_\_\_\_ (January 1 – December 31) **License Fee: \$200**

Business name \_\_\_\_\_

Street address \_\_\_\_\_

Telephone Number \_\_\_\_\_ County \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Mailing address (if different from street address) \_\_\_\_\_

Name of owner \_\_\_\_\_ Manager \_\_\_\_\_

Mailing address \_\_\_\_\_

**Attach additional pages, if needed, to answer the following questions:**

1. Will you manufacture frozen dairy dessert or frozen dairy dessert mixes? Yes \_\_\_ No \_\_\_ **Refer to KDA Form T-7**

If yes, list products you will manufacture: \_\_\_\_\_

2. Will you manufacture Grade A milk and milk products from raw milk? Yes \_\_\_ No \_\_\_ **Refer to KDA Form T-5A**

If yes, list products you will manufacture: \_\_\_\_\_

List all brands under which these products will be sold: \_\_\_\_\_

3. Will you manufacture dairy products from raw milk or cream? Yes \_\_\_ No \_\_\_ **Refer to KDA Form T-5B**

If yes, list products you will manufacture: \_\_\_\_\_

List all brands under which these products will be sold: \_\_\_\_\_

4. Will you distribute any Grade A milk or milk products **not** processed at your plant? Yes \_\_\_ No \_\_\_ **Refer to KDA Form T-3A**

If yes, list brands under which these products will be sold: \_\_\_\_\_

I am familiar with the requirements of the Kansas Dairy Laws and regulations that apply to a dairy manufacturing plant. I will comply with the requirements of the Kansas dairy laws and regulations, and I will conduct this business in a lawful manner. All information provided herein is true and correct.

Signature of Owner or authorized agent \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Make check payable to "Kansas Department of Agriculture." Return application and license fee to Kansas Department of Agriculture at address first shown above.**

**For Office Use Only**

DML \$200 Check # \_\_\_\_\_ Transaction # \_\_\_\_\_