



**Raw Milk Fees**

**Monthly Report of Kansas Produced Raw Milk or Cream  
Delivered to a Dairy Manufacturing Plant for Processing Dairy Products**

**Please return fee and form to:**

Kansas Department of Agriculture  
Records Center – DAIRY  
109 SW 9<sup>th</sup> Street  
Topeka, KS 66612

(785) 296-3787

Name of Manufacturing Plant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Kansas License Number \_\_\_\_\_ For month \_\_\_\_\_ year \_\_\_\_\_

**Raw milk or cream produced in Kansas delivered to a dairy manufacturing plant for manufacturing of dairy products except frozen dairy desserts and frozen dairy dessert mixes.**

**A1.**

Total pounds

(\$0.02/100 lbs.)

x \_\_\_\_\_ .0002

\$ \_\_\_\_\_

**A2.**

**Minimum fee of \$2.50 is required.**

**Total fees:**

A1 or A2, whichever  
is greater

\$ \_\_\_\_\_

This report is due on or before the end of the month following the preceding calendar month. **An additional charge will be assessed equal to 1% of the required fee for each day after the date due. If the additional late fee charge is less than \$5, then a minimum of \$5 is due.**

For and on behalf of the applicant, I, the undersigned, hereby authorize the secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the dairy law to the State of Kansas. (K.S.A. 65-781)

I declare that this report, including any accompanying schedule and statement, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**For Office Use Only**

DPM \_\_\_\_\_ Check# \_\_\_\_\_ Transaction # \_\_\_\_\_