

Kansas Department of Agriculture

Records Center - ACAP

109 SW 9th Street

Topeka, KS 66612

785-296-3731

APPLICATION FOR COMMERCIAL FEEDING STUFFS LICENSE

Pursuant to the Kansas Commercial Feeding Stuffs Law, K.S.A. 2-1001 et seq., and regulations, K.A.R. 4-3-2 et seq., any manufacturer, importer, jobber, firm, association, corporation or person who sells, offers or exposes for sale or distributes any commercial feeding stuffs in Kansas must register with the Kansas Department of Agriculture. Failure to register could result in regulatory action.

This license is valid from July 1 through June 30th.

A separate application should be completed for each manufacturing or distribution site.

ANNUAL LICENSE FEE OF \$10.00 IS REQUIRED.

.....
Name of Licensee (Name on label): _____

Mailing Address of Licensee: _____

Representative of **Licensee** or Contact Person: _____
Name Title

Phone: (____) _____ Fax: (____) _____ Email: _____ Federal Tax ID #: _____

Name & Address of Manufacturer: _____

Representative of **Manufacturer** or Contact Person: _____
Name Title

Phone: (____) _____ Fax: (____) _____ Email: _____ Federal Tax ID #: _____

Please complete the following information by checking **all** categories that apply:

- | |
|---|
| <input type="checkbox"/> MANUFACTURER |
| <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Customer Formula Feed |
| <input type="checkbox"/> Bulk/over 10 lbs |
| <input type="checkbox"/> Small Package (10 lbs or less) |
| <input type="checkbox"/> Specialty Pet (exotic/1 lb & less) |
| <input type="checkbox"/> Ethanol Plant |

- | |
|---|
| <input type="checkbox"/> DISTRIBUTOR |
| <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Bulk/over 10 lbs |
| <input type="checkbox"/> Small Package (10 lbs or less) |
| <input type="checkbox"/> Specialty Pet (exotic/1 lb & less) |

Person or firm responsible to report and pay tonnage: _____

Address: _____

.....
I hereby attest that the information in this application is true, complete and accurate.

Signature

(Date)

(Typed/printed name of signer)

(Title)

For Office Use Only

Transaction # _____

Check # _____

FSL _____ - _____