



**KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection
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Frankfort, KY 40601**

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**APPLICATION FOR WHOLESALE EGG HANDLER LICENSE
Egg Program - KRS 260.540 to 260.650
April 1 – March 31**

Application Date _____ **Signature** _____

License number _____ (to be assigned by office)

NEWLY OPENED BUSINESS (First time ownership)

PREVIOUSLY OWNED BUSINESS (If previously owned, indicate former license number and name (if applicable). If you recently purchased this business, also indicate what date you began selling eggs):

Business Information:

Physical Address (911 address, street, or highway)

Business name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

County: _____ **E-Mail:** _____

Business Phone: (_____) _____ **Fax:** (_____) _____

Owner/Operator: _____ **Contact:** _____

Mailing Address (address specific for business physical location)

Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention line: _____

Mailing address: _____

City: _____ **State** _____ **Zip** _____

Billing/License Renewal Address

Complete the following if your billing address is different than the business location and/or mailing address.

Billing name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Business Phone: (_____) _____ **Fax:** (_____) _____

Contact: _____ **E-Mail:** _____

Registration Fee is subject to change based on information provided on this application.

QUESTIONNAIRE:

TYPE OF SALES (CHECK ALL THAT APPLY): _____ RETAIL _____ WHOLESALE _____ RESTAURANTS
_____ INSTITUTIONS _____ BAKERIES _____ OTHER (PLEASE SPECIFY) _____

DO YOU SELL FRESH SHELL EGGS? _____ IF YOU SELL FRESH SHELL EGGS, HOW MANY CASES
(30 DOZEN) OF EGGS DO YOU SELL IN KENTUCKY PER WEEK? _____

DATE KENTUCY SALES BEGAN _____

WHAT COMPANY OR COMPANIES CURRENTLY SUPPLY YOUR SHELL EGGS?

WHAT COMPANY OR COMPANIES WAS YOUR SUPPLIER LAST YEAR?

IF YOU HAVE CHANGED SUPPLIERS, WHAT MONTH OF THE PREVIOUS YEAR DID YOU CHANGE
SUPPLIERS? _____

DO YOU SUPPLY SHELL EGGS TO OTHER WHOLESALE EGG HANDLERS THAT SUPPLY EGGS TO
BUSINESSES IN KENTUCKY? _____ IF YES, LIST WHOLESALE EGG HANDLERS YOU PROVIDE
TO AND GIVE THEIR COMPLETE ADDRESS AND KENTUCKY LICENSE NUMBER (USE SEPARATE
PAPER IF MORE SPACE IS NEEDED). PLEASE DO NOT ASSUME THAT WE ALREADY HAVE THIS
INFORMATION. WE WANT TO BE SURE THAT THESE BUSINESSES ARE BEING CREDITED FOR
PAYMENT OF THE ASSESSMENT FEES:

THERE IS A \$.02 FEE PER 15 DOZEN EGGS SOLD IN KENTUCKY. ARE THESE MONTHLY FEES PAID
BY YOU? _____ IF NO, LIST SUPPLIER THAT PAYS FEES FOR YOU (USE SEPARATE PAPER IF
MORE SPACE IS NEEDED). ALSO LIST COMPLETE ADDRESS, PHONE AND KENTUCKY LICENSE
NUMBER OF FIRM THAT PAYS FEES ON YOUR BEHALF:

IF YOU ARE PAYING YOUR OWN FEES, ARE YOU PAYING FOR BUSINESSES OTHER THAN YOURSELF? _____ IF SO, PLEASE LIST BUSINESSES THAT YOU ARE CURRENTLY PAYING FEES FOR, INCLUDING THEIR COMPLETE ADDRESS, KENTUCKY LICENSE NUMBER AND PHONE NUMBER. (USE SEPARATE PAPER IF MORE SPACE IS NEEDED)

SPECIALTY EGG PRODUCTS ARE DEFINED AS FOLLOWS: THIS INCLUDES ALL FORMS OF PRODUCT THAT ARE LIQUID, FROZEN, DRIED, OR HARD-COOKED. INCLUDES WET-PACK AND DRY-PACK PREPEELED HARD-COOKED EGGS, EITHER WHOLE, WEDGED, SLICED, CHOPPED, OR PICKLED; LONG ROLLS OF HARD-COOKED EGGS; FROZEN OMELETS; EGG PATTIES; QUICHE; QUICHE MIX; FROZEN FRENCH TOAST; FROZEN SCRAMBLED EGG MIX IN BOILABLE POUCHES; FROZEN FRIED EGGS; FROZEN PRECOOKED SCRAMBLED EGGS; FREEZE-DRIED SCRAMBLED EGGS; ULTRA-PASTEURIZED LIQUID EGGS; FREE-FLOWING FROZEN EGG PELLETS; AND SPECIALLY COATED SHELF-STABLE HARD-COOKED EGGS; OR ANY OTHER PRODUCTS USING EGGS.

DO YOU SELL EGG PRODUCTS OR SPECIALTY EGG PRODUCTS IN KENTUCKY? (THIS IS NOT REFERRING TO FRESH SHELL EGGS) _____ IF SO, PLEASE GIVE THE NAME, COMPLETE ADDRESS, KENTUCKY LICENSE NUMBER, AND PHONE OF BUSINESSES THAT CURRENTLY SUPPLY YOU WITH EGG PRODUCTS AND/OR SPECIALTY EGG PRODUCTS: (USE SEPARATE PAPER IF MORE SPACE IS NEEDED)

WHAT COMPANY OR COMPANIES WAS YOUR SUPPLIER OF EGG PRODUCTS LAST YEAR?

IF YOU HAVE CHANGED SUPPLIER FOR EGG PRODUCTS, WHAT MONTH OF THE PREVIOUS YEAR DID YOU CHANGE SUPPLIER? _____

DO YOU SUPPLY EGG PRODUCTS OR SPECIALTY EGG PRODUCTS TO OTHER WHOLESALERS OR DEALERS DOING BUSINESS IN KENTUCKY? _____ IF YES, LIST COMPLETE NAME, ADDRESS, KENTUCKY LICENSE NUMBER, AND PHONE NUMBER. (USE SEPARATE PAPER IF MORE SPACE IS NEEDED)

THERE IS A FEE OF 1/2 CENT (\$.005) PER TEN (10) POUND LOT FOR PASTEURIZED LIQUID AND PASTEURIZED FROZEN EGG PRODUCTS AND A FEE OF ONE CENT (\$.01) PER TEN (10) POUND LOT FOR DRIED, DEHYDRATED, HARD-COOKED, OR SPECIALTY EGG PRODUCTS. ARE THESE FEES PAID BY YOU? _____ IF NO, LIST BUSINESSES THAT PAYS FEES FOR YOU (USE SEPARATE PAPER IF MORE SPACE IS NEEDED). ALSO LIST COMPLETE ADDRESS AND KENTUCKY LICENSE NUMBER OF FIRM THAT PAYS FEES ON YOUR BEHALF:

IF YOU ARE PAYING YOUR OWN FEES, ARE YOU PAYING FOR BUSINESSES OTHER THAN YOURSELF? _____ IF SO, PLEASE LIST BUSINESSES THAT YOU ARE CURRENTLY PAYING FEES FOR, INCLUDING THEIR COMPLETE ADDRESS, KENTUCKY LICENSE NUMBER AND PHONE NUMBER. (USE SEPARATE PAPER IF MORE SPACE IS NEEDED)

IF YOU PACK EGGS, YOU ARE REQUIRED TO LABEL THE CASES AND CARTONS AS DEFINED IN KRS 260.630 (1) THROUGH (4) AND 302 KAR 10:100 (3). IF YOU ARE A PACKER, INDICATE YOUR PLANT NUMBER(S):

I CERTIFY THAT THE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.