

KENTUCKY DEPARTMENT OF AGRICULTURE
 Division of Regulation & Inspection
 107 Corporate Dr.
 Frankfort, Kentucky 40601
 PHONE: 502/573-0282 FAX: 502/573-0303
ASSESSMENT FEE REPORT FOR SHELL EGGS AND/OR EGG PRODUCTS

NAME OF PAYING FIRM: _____

COMPLETE ADDRESS OF FIRM _____

KY EGG LICENSE NUMBER (if applicable) _____

(MANDATORY ENTRY-PLEASE DO NOT OMIT LICENSE NUMBER)

This report includes fees for the following PROCESSORS/WHOLESALERS/DEALERS: (they will not be credited unless you indicate that you are submitting fees on their behalf)

NAME _____	KY LIC# _____
NAME _____	KY LIC# _____
NAME _____	KY LIC# _____
NAME _____	KY LIC# _____

(Attach separate page if more space is needed. Provide same information.)

SHELL EGGS

Report covers period of _____, 20__ TO _____, 20__
 (month) (month)

Total Dozen Eggs Handled: _____

Fee Computation (**\$.02 per 15 dozen or portion thereof**) **TOTAL FOR SHELL EGGS \$** _____

EGG PRODUCTS/SPECIALTY EGG PRODUCTS

Report covers period of _____, 20__ TO _____, 20__
 (month) (month)

_____ Pounds of pasteurized liquid and/or pasteurized frozen product	
(@ ½ cent \$0.005 per 10 pounds =	\$ _____
_____ Pounds of dried, dehydrated, hard-cooked, or specialty egg products	
(@ one cent \$0.01 per 10 pounds =	\$ _____

TOTAL FOR EGG PRODUCTS \$ _____

If payment is not received by our office by the 15th of the month following the agreed reporting period, a 10% penalty of the original amount owed is assessed and must be included with your payment. If the payment is not received the 2nd month, an additional 10% penalty to the original amount plus the first 10% penalty is assessed. The same is calculated for the 3rd month. If it is not received by at least the 3rd month, your license is subject to revocation. (example: Original amount due \$100, not paid by 15th, now is \$110. Not paid by the 15th of second month, now is \$121. Not paid by the 15th of the third month, now is \$133.10.) Late payments which do not include the penalty amount will be returned to you as an unpaid assessment fee.

First 10%	\$ _____
Second 10%	\$ _____
Third 10%	\$ _____

TOTAL PAYMENT SUBMITTED WITH THIS REPORT \$ _____

RETURN THIS FORM with check or money order for the amount shown above, payable to **KENTUCKY STATE TREASURER** and mail to the **Division of Regulation and Inspection, 107 Corporate Drive, Frankfort, KY 40601.**

The undersigned hereby certifies that the foregoing is a true, complete and accurate statement of the amount of fees for the period covered by this report owing by the undersigned as an egg handler covered by Chapter 260 of the Kentucky Revised Statutes.

REPORTED BY: _____
PLEASE PRINT NAME TITLE

SIGNATURE: _____ PHONE: _____