

KENTUCKY DEPARTMENT OF AGRICULTURE

DIVISION OF REGULATION AND INSPECTION
107 CORPORATE DRIVE
FRANKFORT KY 40601

PHONE: 502/573-0282 FAX: 502/573-0303

REQUEST FOR ASSESSMENT FEE FILING STATUS

KRS 260.600 (4) states that assessment fees on shell egg/egg products are due on a monthly basis unless other arrangements are made with the department. This form is a request to file and pay these fees other than on a monthly basis. If you do not submit this form or if you do not have signed approval by the department, your payments will be due monthly. Please complete this form and return with your renewal application. A copy of this completed and signed form will be sent to you along with your license. This will continue to be part of your annual renewal process.

Business Name: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Company ID# _____ E-mail: _____

Currently File: Monthly Quarterly Semi-Annually Annually

Request to File: Monthly Quarterly Semi-Annually Annually

Contact Person: (please print) _____

Business Contact Signature Date

Request **Approved** **Denied**

Reason Denied: _____

KDA Representative Date