



KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection
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APPLICATION FOR RETAIL LICENSE TO HANDLE EGGS

Egg Program - KRS 260.540 to KRS 260.650

Due Annually by April 1

Application Date: (MM/DD/YYYY) _____

Office Use Only

Business Status:

License Number: _____

Indicate (x)

[] NEWLY OPENED BUSINESS (First time ownership)

[] PREVIOUSLY OWNED BUSINESS Provide all applicable information below. If the business was recently purchased, indicate the date you began selling eggs.

Previous Business Name: _____

Previous (Egg) License Number: _____

Previous Sale of Eggs Began: (MM/DD/YYYY) _____

Previous Supplier of Shell Eggs: _____

Previous Supplier Address: _____

Business Information:

Physical Address (911 address, street, or highway)

Business Name: _____

Address: _____

City: _____ State _____ Zip _____

County: _____ E-Mail: _____

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

Device Type: _____ Contact: _____

Mailing Address (address specific for business physical location)

[] Indicate (x) if the mailing address is the 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: _____

Applicant Signature: _____

License Fee is \$20.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.