



**KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection
111 Corporate Dr.
Frankfort, KY 40601**

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**APPLICATION FOR TOBACCO WAREHOUSE LICENSE
Tobacco Warehouse Program - KRS 248.010 to 248.990 & KAR 77.010
July 1 – June 30**

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:

Business Information:

Physical Address (911 address, street, or highway)

Business name: _____

Address: _____

City: _____ *State* _____ *Zip* _____

County: _____ *E-Mail:* _____

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

of Scales: _____ *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 \$125.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.