



COMMONWEALTH OF KENTUCKY DEPARTMENT OF AGRICULTURE FARM NAME REGISTRATION APPLICATION

In accordance with KRS 247.380 I, the undersigned, hereby make application for a Certificate of Farm Name Registration on the property detailed and named below.

I submit the following statements for the purpose of obtaining Farm Name Registration:

1. Farm Name: 1st choice _____
2nd choice _____
3rd choice _____

2. The name(s) in which you wish the Farm Name Registration Certificate issued:

3. The Applicant's mailing address _____
Street
City
ZIP
 Daytime phone () _____

4. This farm is located in _____ County, KY _____ miles _____ of _____
(Number)
(Direction)
(City or Town)
 on Road or HWY no. _____.

5. Said farm contains _____ acres more or less, and is adjacent to the farm(s) of: _____

One dollar (\$1.00) registration fee is required. Make check payable to Kentucky State Treasurer.
If you have any questions, please call 502/573-0282.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Agent **Printed Name** **Date**

Please return form to:
Kentucky Department of Agriculture
Farm Name Registration Program
107 Corporate Drive
Frankfort, KY 40601