

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:	1 st choice				
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2. The name(s) in w	hich you wish the Farr	n Name Registration Cert	ificate issued:		
3. The Applicant's r	nailing address				
	S	treet	City		ZIP
Daytime phone ()				
4. This farm is locat	ed in	County, KY _		miles of _	
	' no		(Number)	(Direction)	(City or Town)
5. Said farm contain	ns acres mo	ore or less, and is adjacen	t to the farm(s) of:		
One dollar (\$1.00) re	egistration fee is requir	red. Make check payable	to Kentuckv State Tr	easurer.	
	stions, please call 502		,	<u></u>	
I declare under pena	alty of perjury under th	e laws of Kentucky that th	e forgoing is true and	d correct.	
Signature of Authorized	d Agent	Pr	inted Name		Date

Please return form to:

Kentucky Department of Agriculture Farm Name Registration Program 111 Corporate Drive Frankfort, KY 40601