



KENTUCKY DEPARTMENT OF AGRICULTURE  
 Division of Regulation and Inspection  
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 Frankfort, KY 40601

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APPLICATION FOR LIMESTONE LICENSE  
Limestone Program - KRS 250.650 to 250.720  
 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:* (\_\_\_\_\_) \_\_\_\_\_

*Quarry Name & Location:* \_\_\_\_\_ *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 \$10.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.**