

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

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APPLICATION FOR RETAIL LICENSE TO HANDLE EGGS
Egg Program - KRS 260.540 to 260.650
April 1 – March 31

Application Date _____ *Signature* _____

NEWLY OPENED BUSINESS (First time ownership) Yes No

PREVIOUSLY OWNED BUSINESS Yes No (If previously owned, indicate former license number and name (if applicable). If you recently purchased this business, also indicate what date you began selling eggs):

Business Name _____ **Egg License #** _____ **Began Selling Eggs** / /

SUPPLIER OF SHELL EGGS _____
SUPPLIER ADDRESS _____

Business Information:

Physical Address (911 address, street, or highway)

Business name: _____
Address: _____
City: _____ *State* _____ *Zip* _____
County: _____ *E-Mail:* _____
Business Phone: (_____) _____ *Fax:* (_____) _____
Owner/Operator: _____ *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:* _____

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.