

**KENTUCKY DEPARTMENT OF AGRICULTURE**  
 Division of Regulation & Inspection  
 107 Corporate Dr.  
 Frankfort, Kentucky 40601  
 PHONE: 502/573-0282 FAX: 502/573-0303  
**ASSESSMENT FEE REPORT FOR SHELL EGGS AND/OR EGG PRODUCTS**

NAME OF PAYING FIRM: \_\_\_\_\_

COMPLETE ADDRESS OF FIRM \_\_\_\_\_

\_\_\_\_\_

KY EGG LICENSE NUMBER (if applicable) \_\_\_\_\_

**(MANDATORY ENTRY-PLEASE DO NOT OMIT LICENSE NUMBER)**

This report includes fees for the following PROCESSORS/WHOLESALERS/DEALERS: (they will not be credited unless you indicate that you are submitting fees on their behalf)

NAME _____	KY LIC# _____
NAME _____	KY LIC# _____
NAME _____	KY LIC# _____
NAME _____	KY LIC# _____

(Attach separate page if more space is needed. Provide same information.)

**SHELL EGGS**

Report covers period of \_\_\_\_\_, 20\_\_ TO \_\_\_\_\_, 20\_\_  
 (month) (month)

Total Dozen Eggs Handled: \_\_\_\_\_

Fee Computation (**\$.02 per 15 dozen or portion thereof**) **TOTAL FOR SHELL EGGS \$** \_\_\_\_\_

**EGG PRODUCTS/SPECIALTY EGG PRODUCTS**

Report covers period of \_\_\_\_\_, 20\_\_ TO \_\_\_\_\_, 20\_\_  
 (month) (month)

_____ Pounds of pasteurized liquid and/or pasteurized frozen product	
(@ ½ cent \$0.005 per 10 pounds =	\$ _____
_____ Pounds of dried, dehydrated, hard-cooked, or specialty egg products	
(@ one cent \$0.01 per 10 pounds =	\$ _____

**TOTAL FOR EGG PRODUCTS \$** \_\_\_\_\_

If payment is not received by our office by the 15<sup>th</sup> of the month following the agreed reporting period, a 10% penalty of the original amount owed is assessed and must be included with your payment. If the payment is not received the 2<sup>nd</sup> month, an additional 10% penalty to the original amount plus the first 10% penalty is assessed. The same is calculated for the 3<sup>rd</sup> month. If it is not received by at least the 3<sup>rd</sup> month, your license is subject to revocation. (example: Original amount due \$100, not paid by 15<sup>th</sup>, now is \$110. Not paid by the 15<sup>th</sup> of second month, now is \$121. Not paid by the 15<sup>th</sup> of the third month, now is \$133.10.) Late payments which do not include the penalty amount will be returned to you as an unpaid assessment fee.

First 10%	\$ _____
Second 10%	\$ _____
Third 10%	\$ _____

**TOTAL PAYMENT SUBMITTED WITH THIS REPORT \$** \_\_\_\_\_

RETURN THIS FORM with check or money order for the amount shown above, payable to **KENTUCKY STATE TREASURER** and mail to the **Division of Regulation and Inspection, 107 Corporate Drive, Frankfort, KY 40601.**

The undersigned hereby certifies that the foregoing is a true, complete and accurate statement of the amount of fees for the period covered by this report owing by the undersigned as an egg handler covered by Chapter 260 of the Kentucky Revised Statutes.

REPORTED BY: \_\_\_\_\_  
PLEASE PRINT NAME TITLE

SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_