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 502/564-4696.

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
Capital Plaza Tower
500 Mero Street, 7th Floor
Frankfort, KY 40601

REV 01/12