



# GINSENG DEALER APPLICATION

## KENTUCKY DEPARTMENT OF AGRICULTURE

Ginseng Marketing Program • 111 Corporate Drive, Frankfort, KY 40601 •

2017-18 Season



www.kyagr.com

### Instructions:

- Fill out "Dealer Information" *completely*.
- Have application notarized. (\*Notaries are often available at financial institutions.)
- Submit the following three (3) items to the address below, after July 1:

1. *Original, complete, notarized* form,
2. Copy of your drivers' license or any other valid government-issued identification, and
3. Dealer License Fee. Fee is \$75.00 for Kentucky residents and \$150 for non-resident. We *only* accept checks or money orders made payable to *Kentucky State Treasurer*.

Mail to:  
 Kentucky Department of Agriculture  
 Ginseng Program  
 111 Corporate Drive  
 Frankfort, KY 40601

Per 302 KAR 45:0101 Section 2 (2) Residency shall be determined by the state of issuance of a driver's license or other government issued identification

DEALER INFORMATION			
<b>Dealer Name</b> _____	<b>Ginseng Dealer Number</b> (if a past KY Ginseng Dealer)		
<b>Company Name</b> _____	<input type="checkbox"/> Mailing Address is my business address.		
<b>Mailing Address</b> _____			
City _____	State _____	Zip _____	
<i>If your mailing address is PO Box, please provide a street address. If the physical address is different than what is on your photo identification, please state why.</i> <input type="checkbox"/> this is my business address. Other: _____			
<b>Physical Address</b> _____			
City _____	State _____	Zip _____	
Telephone ( ) -	Alt Phone ( ) -	Fax ( ) -	
<b>Email</b> _____			
<input checked="" type="checkbox"/>			
<b>Dealer Signature</b> _____		<b>Date</b> _____	

NOTARY *			
<b>Name</b> _____	<b>Commission Expires</b> _____		
<input checked="" type="checkbox"/>	<b>County of</b> _____		
<b>Notary Signature</b> _____	<b>Date</b> _____	<b>State of</b> _____	

FOR KDA USE ONLY			
RENEWAL <input type="checkbox"/>	NEW APPLICANT <input checked="" type="checkbox"/>	DATE RECEIVED	_____
DEALER NUMBER	_____	DATE ISSUED	_____
KENTUCKY RESIDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	ISSUED BY	_____
FEE PAID	\$ _____		
CHECK OR MONEY ORDER	_____		