

#### KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection 107 Corporate Drive Frankfort, KY 40601 Phone: (502) 573-0282 Fax: (502) 573-0303 www.kyagr.com

### APPLICATION FOR WHOLESALE EGG HANDLER LICENSE

# **Egg Program - KRS 260.540 to KRS 260.650**

Due Annually by April 1

		Office Use Only
Business Status:		License Number:
Indicate (x)  NEWLY OPENED BUSINESS (First time ov	wnership)	
PREVIOUSLY OWNED BUSINESS Provide indicate the date you began selling eggs.	-	. If the business was recently purchased,
Previous Business Name:		
Previous (Egg) License Number:		
Previous Sale of Eggs Began: (MM/DD/YY	YYY)	
Previous Supplier of Shell Eggs:		
Previous Supplier Address:		
<b>Business Information:</b>		
Physical Address (911 address, street, or highw	vay)	
Business Name:		
Address:		
City:	State	Zip
County:	E-Mail:	
Business Phone: ()	Fax: (	)
Device Type:	Contact:	
	nhysical location)	
Mailing Address (address specific for business ☐ Indicate (x) if the mailing address is the same		ent, complete the following:
	e as the physical address. If different	-
Indicate (x) if the mailing address is the same	e as the physical address. If different	
Indicate (x) if the mailing address is the same Attention Line:	e as the physical address. If different	
Indicate (x) if the mailing address is the same Attention Line:  Mailing Address:	e as the physical address. If different address and stateState	Zip
Indicate (x) if the mailing address is the same Attention Line:  Mailing Address:  City:  Billing/License Renewal Address	stateState	Zip
Indicate (x) if the mailing address is the same Attention Line:  Mailing Address:  City:  Billing/License Renewal Address  Complete the following if your billing address is defined.	stateState	Zip
Attention Line:  Mailing Address:  City:  Billing/License Renewal Address  Complete the following if your billing address is d  Billing Name:  Address:	state  State  Iifferent than the business location	Zip
Attention Line:  Mailing Address:  City:  Billing/License Renewal Address  Complete the following if your billing address is d  Billing Name:  Address:  City:	StateState	Zipand/or mailing address:

Registration Fee is subject to change based on information provided on this application. Checks or money orders should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.

## **QUESTIONNAIRE**

Completing this questionnaire certifies that the information provided is correct to the best of your knowledge.  $Indicate \ (x) \ where \ appropriate$ 

Type of Sales (Check all that apply):  Retail Wholesale Restaurants Institutions Bakeries Other (Please specify below)
Fresh Shell Eggs
Do you sell fresh shell eggs?  Yes  No
A case is thirty (30) dozen eggs. If 'Yes', how many cases of eggs do you sell in Kentucky per week?
Date Kentucky sales began (MM/DD/YYYY):
What company or companies currently supply your shell eggs?
W/L +
What company or companies supplied your shell eggs last year?
If you have changed suppliers, what month of the previous year did you change suppliers?
Do you supply shell eggs to other wholesale egg handlers that supply eggs to businesses in Kentucky?  Yes No  If 'Yes', list wholesale egg handlers you provide to and give their complete address and Kentucky license number (use separate paper if more space is needed). Please do not assume that we already have this information. We want to be sure that these businesses are being credited for payment of the assessment fees.
There is a two cent (\$0.02) fee per fifteen (15) dozen eggs sold in Kentucky. Are these monthly fees paid by you?
Yes No
If 'No', list the supplier that pays the fees for you (use separate paper if more space is needed). Also, list complete address, phone, and Kentucky License number of the firm that pays fees on your behalf.
If you are paying your own fees, are you paying for businesses other than yourself?   Yes   No
If 'Yes', please list businesses that you are currently paying fees for, including their complete address, phone, and Kentucky License number (use separate paper if more space is needed).

Specialty egg products are defined as: all forms of product that are liquid, frozen, dried, or hard-cooked. This includes: wet-pack and dry-pack prepeeled hard-cooked eggs, either whole, wedged, sliced, chopped, or pickled; long rolls of hard-cooked eggs; frozen omelets; egg patties; quiche; quiche mix; frozen french toast; frozen scrambled egg mix in boilable pouches; frozen fried eggs; frozen precooked scrambled eggs; freeze-dried scrambled eggs; ultra-pasteurized liquid eggs; free-flowing frozen egg pellets; and specially coated shelf-stable hard-cooked eggs; or any other products using eggs.

#### Pasteurized liquid and pasteurized frozen egg products

Do you sell pasteurized liquid and pasteurized frozen egg products in KY (this is not referring to fresh shell eggs)?  Yes No		
If 'Yes', give the name, complete address, Kentucky license number, and phone number of all businesses that currently supply you with pasteurized liquid and pasteurized frozen egg products (use separate paper if more space is needed).		
What company or companies supplied your pasteurized liquid and pasteurized frozen egg products last year?		
If you have changed pasteurized liquid and pasteurized frozen egg products suppliers, what month of the previous year did you change?		
Do you supply pasteurized liquid and pasteurized frozen egg products to other wholesalers or dealers doing business in Kentucky? Yes No		
If 'Yes', list the complete name, address, Kentucky license number, and phone number of the wholesalers or dealers (use separate paper if more space is needed).		
There is a half cent (\$0.005) fee per ten (10) pound lot of pasteurized liquid and pasteurized frozen egg products. Are these fees paid by you? Yes No		
If 'No', list all businesses that pay fees for you (use separate paper if more space is needed). Also, provide the complete address, phone, and Kentucky License number of any firms that pay fees on your behalf.		
If 'Yes', are you paying for businesses other than yourself? \_Yes \_No		
If 'Yes', please list all businesses for which you are currently paying fees, including their complete address, Kentucky license number, and phone number (use separate paper if more space is needed).		

### Dried, dehydrated, hard-cooked, or specialty egg products

Do you sell dried, dehydrated, hard-cooked, or specialty egg products in KY (this is not referring to fresh shell eggs)?  Yes No
If 'Yes', give the name, complete address, Kentucky license number, and phone number of all businesses that currently supply you with dried, dehydrated, hard-cooked, or specialty egg products (use separate paper if more space is needed).
What company or companies supplied your dried, dehydrated, hard-cooked, or specialty egg products last year?
If you have changed dried, dehydrated, hard-cooked, or specialty egg products suppliers, what month of the previous year did you change?
Do you supply dried, dehydrated, hard-cooked, or specialty egg products to other wholesalers or dealers doing business in Kentucky? Yes No
If 'Yes', list the complete name, address, Kentucky license number, and phone number of the wholesalers or dealers (use separate paper if more space is needed).
There is a one cent (\$0.01) fee per ten (10) pound lot of dried, dehydrated, hard-cooked, or specialty egg products. Are these fees paid by you? Yes No
If 'No', list all businesses that pay fees for you (use separate paper if more space is needed). Also, provide the complete address, phone, and Kentucky License number of any firms that pay fees on your behalf.
If 'Yes', are you paying for businesses other than yourself? \_Yes \_No  If 'Yes', please list all businesses for which you are currently paying fees, including their complete address.
Kentucky license number, and phone number (use separate paper if more space is needed).
If you pack eggs, you are required to label the cases and cartons as defined in KRS 260.630 (1) through (4) and 302 KAR 10:100 (3). If you are a packer, indicate your plant number(s).