



KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection
107 Corporate Drive
Frankfort, KY 40601

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www.kyagr.com

APPLICATION FOR TOBACCO WAREHOUSE LICENSE

Tobacco Warehouse Program - KRS 248.010 to 248.990 & KAR 77.010

July 1 - June 30

Application Date Signature

License Number (to be assigned by office)

NEWLY OPENED BUSINESS (First time ownership)

PREVIOUSLY OWNED BUSINESS If previously owned, indicate former license number and name:

Business Information:

Physical Address (911 address, street, or highway)

Business Name:

Address:

City: State Zip

County: E-Mail:

Business Phone: Fax:

# of Scales: 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:

Registration Fee is \$125.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.