



Ginseng Dealer Application

Kentucky Department of Agriculture



Office of Marketing - Plant Marketing Division · Frankfort, KY 40601 · (502) 573-0282

Application Instructions:

20__ - 20__ Season

- Fill out "Dealer Information" section completely.
- Have this 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, and notarized application.
 2. A copy of your driver's license or any other valid, government issued identification. *
 3. The appropriate licensing fee. The fee for Kentucky residents is \$75 and the fee for non-residents is \$150. We can only accept checks or money orders made payable to "Kentucky State Treasurer."

Mail completed application 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	
Dealer Name _____	Ginseng Dealer Number _____ (if a past KY Ginseng Dealer) KY- _____
Company Name _____	<input type="checkbox"/> Mailing address is my business address
Mailing Address _____	
City _____	State _____ Zip _____
If your mailing address is a P.O. Box, please provide a street address. If the physical address is different than what is on your photo identification, please state why: <input type="checkbox"/> This is my business address <input type="checkbox"/> Other: _____	
Physical Address _____	
City _____	State _____ Zip _____
Phone _____	Alternate Phone _____ Fax _____
Email _____	
Dealer Signature <input type="checkbox"/>	Date _____

To be completed by Notary	
Notary Name _____	Commission Expires _____
State of _____	County of _____
Notary Signature <input type="checkbox"/>	Date _____

For Kentucky Department of Agriculture use only:	
<input type="checkbox"/> Renewal	<input type="checkbox"/> New Applicant
Dealer Number _____	Date Received _____
Kentucky resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued _____
Fee Paid _____	Issued by _____
Check/Money Order # _____	