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APPLICATION FOR REGISTERED LOT CONSOLIDATOR  
302 KAR 10:110. Egg Lot Consolidation  
July 1 – June 30

Registration number \_\_\_\_\_ (to be assigned by office) Payment Due: \$20.00

Are you a new registrant?  Yes  No

Training Provider (Name or Company Providing Training): \_\_\_\_\_

Training ID Number: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_

Location of Training (City, State): \_\_\_\_\_

**BUSINESS INFORMATION:**

*Physical Address* (911 address, street, or highway)

Registrant name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

*Mailing Address (address specific for physical location)*

Check 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: \_\_\_\_\_

Attention line: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Mail the completed application with your \$20 check or money order, payable to the Kentucky State Treasurer, to the Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601. If you have any questions concerning this application, please contact licensing at (502) 782-9211.**