



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

ASSESSMENT FEE REPORT FOR SHELL EGGS &/OR EGG PRODUCTS

Name of Paying Firm: _____

Complete Address of Firm: _____

Kentucky Egg License Number (if applicable): _____

MANDATORY ENTRY PLEASE DO NOT OMIT LICENSE NUMBER

This report includes fees for: PROCESSORS/WHOLESALERS/DEALERS. They will not be credited unless you indicate that you are submitting fees on their behalf. Attach a separate page if more space is needed.

Name: _____ KY LIC#: _____

Name: _____ KY LIC#: _____

Name: _____ KY LIC#: _____

Name: _____ KY LIC#: _____

SHELL EGGS

Report covers period of (month) _____, 20____ TO (month) _____, 20____

Total Dozen Eggs Handled: _____

Fee Computation @ \$.02 per 15 dozen or portion thereof = TOTAL FOR SHELL EGGS \$ _____

EGG PRODUCTS/SPECIALTY EGG PRODUCTS

Report covers period of (month) _____, 20____ TO (month) _____, 20____

_____ Pasteurized liquid and/or pasteurized frozen product
(Pounds) @ \$.005 per 10 pounds = \$ _____

_____ Dried, dehydrated, hard-cooked, or specialty egg products
(Pounds) @ \$.01 per 10 pounds = \$ _____

TOTAL FOR EGG PRODUCTS \$ _____

If payment is not received by this office by the 15th of the month following the agreed reporting period, a 10% penalty of the original amount owed is assessed and must be included with your payment. If the payment is not received the 2nd month, an additional 10% penalty to the original amount plus the first 10% penalty is assessed. The same is calculated for the 3rd month. If it is not received by at least the 3rd month, your license is subject to revocation. (Example: Original amount due \$100, not paid by 15th, is now \$110. Not paid by the 15th of second month, now is \$121. Not paid by the 15th of the third month, now is \$133.10.) Late payments which do not include the penalty amount will be returned to you as an unpaid assessment fee.

First 10% \$ _____ + Second 10% \$ _____ + Third 10% \$ _____

TOTAL PAYMENT SUBMITTED WITH THIS REPORT \$ _____

The undersigned hereby certifies that the foregoing is a true, complete and accurate statement of the amount of fees for the period covered by this report owing by the undersigned as an egg handler covered by Chapter 260 of the Kentucky Revised Statutes.

Reported By (Print name): _____ Title: _____

SIGNATURE: _____ Phone: _____

Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.