

## 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 RETAIL LICENSE TO HANDLE EGGS

Due Annually by April 1 Egg Program - KRS 260.540 to KRS 260.650 Egg Program Fees - KRS 260.600

Application Date: (MM/DD/YYYY)		Office Use Only
Business Status: Indicate (x)  NEWLY OPENED BUSINESS (First time	ownership)	License Number:
PREVIOUSLY OWNED BUSINESS Provindicate the date you began selling eggs.	ide all applicable information below	. If the business was recently purchased,
Previous Business Name:		
Previous (Egg) License Number:		
Previous Sale of Eggs Began: (MM/DD/Y	YYYY)	
Previous Supplier of Shell Eggs:		
Previous Supplier Address:		
Business Information: Physical Address (911 address, street, or high	nway)	
Business Name:		
Address:		
		Zip
County:	E-Mail:	
Business Phone: ()	Fax: (	))
Device Type:	Contact:	
Mailing Address (address specific for busines ☐ Indicate (x) if the mailing address is the same		ent, complete the following:
Attention Line:		
Mailing Address:		
•		Zip
•	State	Zip
City:	StateState	Zip
City:	States different than the business location	Zip
City:	States different than the business location	Zipand/or mailing address:
City:	StateStateStateStateState	Zip

License Fee is \$20.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER.

Please return your application and fee to the above address.