

KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection 107 Corporate Drive Frankfort, KY 40601 Phone: (502) 573-0282 Fax: (502) 573-0383 www.kyagr.com

APPLICATION FOR LIMESTONE LICENSE

<u>Limestone Program - KRS 250.650 to 250.720</u> Due Annually by June 30

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cense Number:	(to be assigned by office)
NEWLY OPENED BUSINESS (Fir	st time ownership) S If previously owned, indicate former license number and name:
	of previously which, markete former meetice number and numer
siness Information:	
ysical Address (911 address, street,	or highway)
Business Name:	
Address:	
City:	StateZip
County:	E-Mail:
Business Phone: ()	Fax: ()
Quarry Name & Location:	business physical location)
Quarry Name & Location:	Contact:business physical location) same as the physical address. If different, complete the following:
Quarry Name & Location:	business physical location) same as the physical address. If different, complete the following:
Quarry Name & Location: niling Address (address specific for Indicate (x) if the mailing address is Attention Line: Mailing Address: City:	business physical location) same as the physical address. If different, complete the following:
Quarry Name & Location:	Contact:
Quarry Name & Location:	business physical location) same as the physical address. If different, complete the following: State Zip dress is different than the business location and/or mailing address.
Quarry Name & Location:	business physical location) same as the physical address. If different, complete the following:
Quarry Name & Location:	Contact:

Registration Fee is \$10.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.