

Kansas Department of Agriculture Accounts Receivable and Licensing 1320 Research Park Dr. Manhattan, KS 66502 785-564-6700

ARandLicensing@KDA.KS.GOV

APPLICATION FOR REGISTRATION OF CUSTOM FERTILIZER BLENDER

Intend to Blend (Mark all that apply):			Renewal
intend to blend (Mark all that apply).	Dry	Liquid	
Do you sell and/or distribute ammonium	nitrate from this loc	cation?Yes	No
F	IRM INFORM <i>A</i>	TION	
Complete Business Name			
Location/Street Address			
City, State, Zip Code			
Phone Number County	Federal Tax ID	or Social Security No	E Mail Address
Owner of Facility			_
Owner's Federal Tax ID (if different) Business Name Last Year (if different)			<u> </u>
Owner's Federal Tax ID (if different) Business Name Last Year (if different)			<u> </u>
Owner's Federal Tax ID (if different) Business Name Last Year (if different)			<u> </u>
Owner's Federal Tax ID (if different) Business Name Last Year (if different) I hereby attest that the information in Signature (Typed/printed name of signer) Make check payable to "Kansas Depa	n this application for	registration is true, con (Date) (Title)	nplete, and accurate. application and license fee to Kansas
Owner's Federal Tax ID (if different) Business Name Last Year (if different) I hereby attest that the information in Signature (Typed/printed name of signer) Make check payable to "Kansas Depa	n this application for	registration is true, con (Date) (Title) Ire." Send or deliver	nplete, and accurate. application and license fee to Kansas