



Kansas Department of Agriculture  
1320 Research Park Dr, Manhattan, KS 66502  
Phone: (785)564-6605 Fax: (785) 564-6778  
<http://agriculture.ks.gov>

\*=Required field. Application will be mailed back for corrections.  
Apply online at: <https://www.kellysolutions.com/ks/indexAnimalHealth2.asp>  
Renewals are due by September 30<sup>th</sup>, 2017.

**2017-2018 Out-of-State Distributor License**  
\$650

New applicants, call office after October 30<sup>th</sup> for prorated fee amount.

\*Copy of current USDA License must be attached to application\*

We accept Visa,  
Master Card,  
Discover  
Make checks out to:  
KDA

- Renewal Application
- New Application

State License #: \_\_\_\_\_ USDA License #: \_\_\_\_\_ Premise County: \_\_\_\_\_

\*Owner/Operator Name \_\_\_\_\_ \*Premise/Business Name \_\_\_\_\_

\*Applicant Mailing Address \_\_\_\_\_ \*Premises Physical Address \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip: \_\_\_\_\_ (NOT PO Box)

Check which phone number you prefer:

- \*Home Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Work Phone: \_\_\_\_\_ \*Social Security/FEIN: \_\_\_\_\_

\*Please initial that you agree to the license type definition:

\_\_\_\_\_ As an Out of state Distributor, I agree that this premises complies with K.S.A. 47-1701(bb) any person residing in a state other than Kansas, who is engaged in the business of buying for resale dogs or cats, or both, within the state of Kansas, as a principal or agent.

Y / N \*Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?  
(if yes, a letter of explanation MUST be attached)

Y / N \*Will you buy for resale in Kansas between October 1 and September 30? \*If so how many? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

What Kansas breeders do you plan to buy from? (Attach additional pages if needed)

Breeders Name:	Address:	City & Zip:

What are your preferred hours for inspection? \_\_\_\_\_

\*\*Designated Representative (other than owner): \_\_\_\_\_ Designated Representative phone: \_\_\_\_\_

\*\*Required per K.A.R. 9-18-2 (d) If the owner or operator of the premises is not routinely available between the hours of 7:00 a.m. and 7:00 p.m., the owner or operator shall designate a representative who will be present while the inspection is conducted and shall notify the commissioner in writing of the name of the designated representative. The designated representative shall be 18 years of age or older. The owner or operator shall notify the commissioner in writing of any new representative who is designated to be present during inspections.

Directions to Premise: \_\_\_\_\_

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I hereby consent to the inspections by the Kansas Department of Agriculture. I understand inspections may be conducted outside of my preferred hours Monday to Friday, 7am to 7pm. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Department of Agriculture may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of a license. The information contained within this application is true and correct to the best of my knowledge. All RENEWAL applications not postmarked by 11-15-17 will be assessed a \$70.00 late fee. There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to KDA for any reason.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

TO BE COMPLETED BY KDA STAFF ONLY

OAD: \_\_\_\_\_  
AHL: \_\_\_\_\_ Transaction #: \_\_\_\_\_ CC/CK#: \_\_\_\_\_