

SECTION 3: PREMISES OWNER INFORMATION

Partnership LLP or LP LLC Corporation Individual/Sole Proprietor

Legal Owner (if different than above) Phone Email Address

Legal Owner Address (if different than above) City County State Zip

SECTION 4: VETERINARIAN INFORMATION

Veterinarian Name Phone

Address City County State Zip

SECTION 5: MISC. INFORMATION

What grading, scraping, loading and removal equipment is available for feedlot use? _____

How is manure disposed of? _____

How are insects controlled? What chemicals are used? _____

How are rodents controlled? What chemicals are used? _____

Describe the method of routine carcass disposal. _____

Do you have a pre-selected animal burial site for mass mortality? Yes No

Would you like more information regarding the Kansas Department of Agriculture's Approved Biosecurity Plans? Yes No

SECTION 6: APPLICATION TERMINATION

If not renewing, select one of the options below:

- Operation no longer requires licensing.
- Operation is no longer in business.
- Operation has sold. *If known, please provide contact information for new owner below.*

New Owner Phone Email

Other: _____

I attest to the veracity of the aforementioned information.

Signature of Applicant Date

Print Name