

1320 Research Park Drive  
Manhattan, Kansas 66502  
(785) 564-6700



900 SW Jackson, Room 456  
Topeka, Kansas 66612  
(785) 296-3556

Jackie McClaskey, Secretary

Governor Sam Brownback

**Application for Domesticated Deer Permit**  
**License date through September 30, 2017**

New Application     Renewal Application    \_\_\_\_\_ License Number

**1-19 Adult Domesticated Deer**    \_\_\_\_\_ \$75.00 permit fee

**20-49 Adult Domesticated Deer**    \_\_\_\_\_ \$125.00 permit fee

**Over 50 Adult Domesticated Deer**    \_\_\_\_\_ \$175.00 permit fee

**Ownership Information**

_____	_____	_____
Owner's Name	Home Phone	Fax Number

  

_____	_____	_____	_____	_____
Owner's Mailing Address	City	State	Zip	County

  

_____	_____
Cell Phone	Email address

Individual/Sole Proprietor        Partnership        LLP or LP        Corporation        LLC   

**Facility Information**

Total Number of animals over 1 year of age by species on all facilities

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Please complete facility information found on page 2 for all domesticated deer facilities that will be covered by this permit. Any premises with domesticated deer not documented with this permit application will be considered a separate facility and will be required to be permitted under a separate application. The required permit fee is based on the total number of deer present on all listed facilities.

Return by mail to Kansas Department of Agriculture, Division of Animal Health, 1320 Research Park Drive, Manhattan, KS 66502.

For Office Use Only - Revised 7/16

DD \$ \_\_\_\_\_ Transaction # \_\_\_\_\_ CC/CK # \_\_\_\_\_ Inspector \_\_\_\_\_  
Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_



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Please fill out the following information for all facilities that house animals under this license. If you have more than three facilities, make copies of this page until all associated facilities have been listed.

**Facility 1** Breeding Facility  Hunting Facility  In the CWD Program? Yes  No

Facility Name \_\_\_\_\_ Contact Person (Print) \_\_\_\_\_  
Physical Address of Animal Location \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Directions to facility: \_\_\_\_\_  
Species and head count: \_\_\_\_\_

**Facility 2** Breeding Facility  Hunting Facility  In the CWD Program? Yes  No

Facility Name \_\_\_\_\_ Contact Person (Print) \_\_\_\_\_  
Physical Address of Animal Location \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Directions to facility: \_\_\_\_\_  
Species and head count: \_\_\_\_\_

**Facility 3** Breeding Facility  Hunting Facility  In the CWD Program? Yes  No

Facility Name \_\_\_\_\_ Contact Person (Print) \_\_\_\_\_  
Physical Address of Animal Location \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Directions to facility: \_\_\_\_\_  
Species and head count: \_\_\_\_\_



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Type of identification system used:

Ear Tag  Ear Tattoo  Ear Notches  Implant Micro Chip  Other:

Location of Micro Chip (if used): \_\_\_\_\_

If another ID System is used, please explain: \_\_\_\_\_

Have you ever been convicted of any crime, an essential element of which is misstatement, fraud or dishonesty? If yes, please explain:

Have you ever been convicted of theft or cruelty to animals? If yes, please explain:

Have you ever been convicted of poaching or illegally obtaining deer to add to your herd? If yes, please explain:

I attest to the veracity of the aforementioned information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date