



Kansas Department of Agriculture  
 Records Center - ACAP  
 1320 Research Park Dr.  
 Manhattan, KS 66502  
 785-564-6700

**FEEDING STUFFS TONNAGE AND INSPECTION FEE REPORT**

For Reporting Period of (circle one)

January 1 - June 30 Year \_\_\_\_\_ **OR** July 1 - December 31 Year \_\_\_\_\_  
 (Penalty starts August 1) (Penalty starts February 1)

Inspection Fee: \$15.00 Minimum **OR** \$0.09/Ton (Whichever is greater)

Firm Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

For and on behalf of the applicant, I, the undersigned, hereby authorize the Secretary of the Department of Agriculture or his authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the inspection fee due on commercial feeding stuffs to the State of Kansas.

If inspection fees, which are due and owing, have not been remitted to the Secretary within 30 days following the due date or if the report of tonnage is not accurate, the secretary shall impose a delinquency fee equal to 10% of the amount due or \$50, whichever is greater. Such delinquency fee shall be in addition to the amount due. (K.S.A. 2-1004)

I hereby state that during the period covered by this report said individual(s), firm, or corporation sold commercial feeding stuffs on which the inspection fee is due and payable, and the information is true and correct.

\*\*\* Did you import, distribute, or sell bovine animal protein products in the State of Kansas? \_\_\_\_\_

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Typed/Printed Name of Signer Title

Location of Plant	Registered Commercial Feeds [TONS]	Customer Formula Feeds [TONS]	TOTAL TONS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

Total Tons \_\_\_\_\_ x \$0.09 = \$ \_\_\_\_\_ . \_\_\_\_\_ **Total Payment Due**

**MINIMUM FEE OF \$15.00 IS REQUIRED**

**For Office Use Only**

Trans # \_\_\_\_\_ Check # \_\_\_\_\_ FST \_\_\_\_\_

Revised 06/14