

Kansas Department of Agriculture

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

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9. FELONY CONVICTION INFORMATION: Has the applicant been convicted of a felony? YES NO If yes, please provide dates and details on a separate sheet.

FEE	CODE	TRANSACTION#	RECEIPT DATE	CHECK/CC#
	BL			
	UA			
	RT			

PROBLEMS: Has the applicant had a pesticide business license suspended, revoked, denied, or had restrictions imposed in any state during the last five years? YES NO I If yes, please provide the state(s), and the year(s) (2008, 1999 Etc.) and a brief description of the problem. Attach separate sheet if needed.

STATE	YEAR	STATE	YEAR	STATE	YEAR	STATE	YEAR

following information for EACH AND ALL owners, partners, and/or officers. Please ensure correct Driver's License number and birth date is provided fo each owner, partner, and/or officer (attach separate sheet using same format if more space is needed):							
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LAST NAME			FIRST AND MIDDLE N	NAME			
ADDRESS							
CITY			COUNTY	STATE	ZIP		
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