



Kansas Department of Agriculture
 Accounts Receivable and Licensing
 1320 Research Park Dr
 Manhattan, KS 66502
 785-564-6700

APPLICATION FOR MILK OR CREAM, RECEIVING OR TRANSFER STATION LICENSE

For Calendar Year of _____
 January 1- December 31

Registration Fee
\$100.00

_____New
 _____Renewal

Station Name _____

Street Address _____

_____ City

_____ State

_____ Zip Code

_____ Phone Number

_____ County

_____ Federal Tax ID

Mailing Address (if different than above for letters and renewal purposes)

Is this station: Transfer _____ Receiving _____
 Milk _____ Cream _____

Is this station connected to another business? Yes _____ No _____

If yes, please show under what name station will be operated.

DBA (Doing Business As) _____

Name of station operator _____

I am familiar with the requirements of the Kansas dairy laws that apply to this license. I affirm that I will comply with the requirements of the Kansas dairy law and that I will conduct business in a lawful manner.

 Signature of Owner/Manager

 Date

FOR OFFICE USE ONLY

ID _____ Issue Date _____ DRS _____

Revised 04/15