



2023-2024 Out-of-State Distributor License

\$650 non-refundable fee

A current USDA license is Required

Renewal Application

New Application

* = required field

State License #: _____ USDA License #: _____ Premise County: _____

Address and Contact Information

*Business Information: Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> <i>If the applicant is a partnership, LLP, LP, Corporation, or LLC, the person applying on their behalf must be an authorized representative.</i>		
*Applicant Name:	*Premises/Business Name (if different):	*Phone Numbers (check which one is the preferred number): <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Other: _____
If this is an entity registered with the KS Secretary of State, name of Authorized Representative:	*Premises Physical Address (cannot be a PO Box):	
*Applicant Mailing Address:	*Premises City, Zip Code:	
*Applicant City, Zip Code:	*Preferred Method to Receive Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	*Email:

License Details

***Please initial each statement below to indicate your acknowledgement and understanding.**

Read or print K.S.A. 47-1701 et seq., and amendments thereto, and rules and regulations adopted thereunder (“Kansas Pet Animal Act”) online at: agriculture.ks.gov/afi

_____ I have read the Kansas Pet Animal Act in its entirety. I understand that I must follow all laws, rules, and regulations contained therein to operate a compliant facility and remain in good standing with the Kansas Department of Agriculture. Failure to follow all laws, rules, and regulations could result in the suspension or revocation of my license, as well as fines up to \$1000 for each violation.

_____ As an out-of-state distributor, I agree that this premise complies with K.S.A 47-1701(bb).

_____ Neither I nor any of my employees have ever been convicted of a crime relating to theft or cruelty to animals.
 (if you or any employee has been convicted, a letter of explanation MUST be attached)

***Please answer all questions below.**

How many dogs/cats will you buy for resale in Kansas between October 1 and September 30? Dogs: _____ Cats: _____

Vet care forms expire a year from the date your veterinarian conducts the statutorily required site-visit. Licenses will not be issued or renewed unless a current form is on file.

Current veterinary care form is on file with the AFI Program I have attached a current veterinary care form

TO BE COMPLETED BY KDA STAFF ONLY

OAD: _____
 AHL: _____

Transaction #: _____

CC/CK#: _____

***A list of breeders you plan to buy from is required. Please include the breeders name and address. Attach additional sheets as necessary.**

BREEDER NAME	BREEDER ADDRESS

Acknowledgement and Signature

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I consent to the inspections by the Kansas Department of Agriculture. I understand inspections may be conducted outside of my preferred hours Monday to Friday, 7am to 7pm. I understand any refusal to allow an inspector to enter my facility to conduct an inspection will result in license revocation. As a licensed USDA premises, I understand and agree that by signing this form my medical records, reflecting adequate veterinary care treatment of the animals in my custody fall under the USDA guidelines. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted there under may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of a license. The information contained within this application is true and correct to the best of my knowledge. All RENEWAL applications not postmarked by 09-30-2023 will be assessed a \$70.00 late fee.

Owner Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY KDA STAFF ONLY

OAD: _____
 AHL: _____

Transaction #: _____

CC/CK#: _____