Kansas Department of Agriculture

2022-2023 Research Facility License

$300

A current Vet Care Form is Required

☐ Renewal Application
☐ New Application
* = required field

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

Address and Contact Information

*Owner/Operator Name: _____

*Applicant Mailing Address: _____

*City _____ *Zip: _____

*Premise/Business Name: _____

*Premises Physical Address: _____
(NOT PO BOX)

*City _____ *Zip: _____

Check which phone number you prefer:

☐ *Home Phone: _____

☐ Cell Phone: _____

☐ Work Phone: _____

*Email: _____

FEIN #: _____

License Details

*Please initial. See the Kansas Pet Animal Act at: agriculture.ks.gov/afi

_____ As a research facility, I agree that this premise complies with K.S.A 47-1701(w)

Y / N *Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?
(if yes, a letter of explanation MUST be attached)

* Where is facility located at? ☐ Elementary School ☐ Secondary School

☐ College or University ☐ Other: _____

*Vet care forms expire a year from the date your veterinarian signs it. Licenses will not be 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

Hours & Designated Representative

Inspections are routinely conducted Monday through Friday, 7 am to 7 pm. pursuant to K.A.R. 9-18-9(c). Inspectors will attempt to accommodate your preferred hours of inspection; however, we cannot guarantee they will arrive during your preferred hours that are listed on your application. If you are not routinely available for an inspection Monday through Friday from 7 am to 7 pm, a designated representative is required to be on file. Please note, a no contact fee of $200 will be assessed according to K.S.A. 47-1721(d)(1).

*What are your preferred hours for inspection? _____

**Designated Representative(s) other than owner): _____
**Required per K.A.R. 9-18-2 (d)

Designated Representative phone(s): _____

*Directions to Premise: _____

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 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 09-30-2022 will be assessed a $70.00 late fee.

Owner Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY KDA STAFF ONLY

ARS: _____
AHL: _____ Transaction #: _____ CC/CK#: _____