



APPLICATION FOR KANSAS CATTLE FEEDLOT LICENSE

License valid through September 30th

☐ New application * ☐ Renewal application * ☐ Terminate license ** License No. _____

SECTION 1: Number of Head

Head of dairy cattle _____

+ Head of beef cattle _____

= Total Head capacity _____

Check all that apply

☐ Calf Raiser ☐ Heifer Developer ☐ Milk Production

☐ Finisher/Terminal Feeding ☐ Non-Terminal Beef Production

To renew online, visit Kelly Solutions at www.kellysolutions.com/ks/indexAnimalHealth3.asp. To renew by mail, send this form accompanied by check made payable to: Kansas Department of Agriculture Division of Animal Health.

| Head Capacity | License Fee |
|------------------|-------------|
| Less than 1,000 | \$75.00 |
| 1,000 to 2,999 | \$350.00 |
| 3,000 to 5,999 | \$650.00 |
| 6,000 to 9,999 | \$750.00 |
| 10,000 to 17,999 | \$1,100.00 |
| 18,000 to 29,999 | \$1,500.00 |
| 30,000 to 49,999 | \$1,650.00 |
| 50,000 to 99,999 | \$1,800.00 |
| 100,000 and over | \$2,000.00 |

SECTION 2: PREMISES LOCATION

| | | | | |
|--|-------|---------------|-------|-----|
| Facility Name | Phone | Fax | | |
| Facility Address | City | County | State | Zip |
| Contact Person (please print) | Phone | Email Address | | |
| Contact Person Address (if different than above) | City | County | State | Zip |
| Directions to facility | | | | |

* If renewing using this form, please fill out ALL sections.

** If terminating license, only fill out Section 6 on reverse side.

Requirements for licensure and penalties are found in K.S.A. Chapter 47, Article 15 as amended and supplemented.

For Office Use Only - Revised 07/19

Inspector: _____

CF _____ \$ _____ Transaction # _____ CC/CK# _____ Entered by: _____ Date Entered: __/__/__

SECTION 3: PREMISES OWNER INFORMATION

☐ Partnership ☐ LLP or LP ☐ LLC ☐ Corporation ☐ Individual/Sole Proprietor

| | | | | |
|--|-------|---------------|-------|-----|
| Legal Owner (<i>if different than above</i>) | Phone | Email Address | | |
| Legal Owner Address (<i>if different than above</i>) | City | County | State | Zip |

SECTION 4: VETERINARIAN INFORMATION

| | | | | |
|-------------------|-------|--------|-------|-----|
| Veterinarian Name | Phone | | | |
| Address | City | County | State | Zip |

SECTION 5: MISC. INFORMATION

What grading, scraping, loading and removal equipment is available for feedlot use? _____

How is manure disposed of? _____

How are insects controlled? What chemicals are used? _____

How are rodents controlled? What chemicals are used? _____

Describe the method of routine carcass disposal. _____

Do you have a pre-selected animal burial site for mass mortality? ☐ Yes ☐ No

Would you like more information regarding the Kansas Department of Agriculture's Approved Biosecurity Plans? ☐ Yes ☐ No

SECTION 6: APPLICATION TERMINATION

If not renewing, select one of the options below:

- ☐ Operation no longer requires licensing.
- ☐ Operation is no longer in business.
- ☐ Operation has sold. *If known, please provide contact information for new owner below.*

| | | |
|---------------------------------------|-------|-------|
| New Owner | Phone | Email |
| <input type="checkbox"/> Other: _____ | | |

I attest to the veracity of the aforementioned information.

| | |
|------------------------|------|
| Signature of Applicant | Date |
| Print Name | |