



# 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 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 (if different than above)      Phone      Email Address

\_\_\_\_\_  
Legal Owner Address (if different than above)      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

Other: \_\_\_\_\_

I attest to the veracity of the aforementioned information.

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Print Name