



# Application for a Domesticated Deer Permit

License valid through September 30th

☐ New application ☐ Renewal application ☐ Terminate license \*\* License No. \_\_\_\_\_

## SECTION 1: Number of head over 1 year of age on all facilities

Total Head Count \_\_\_\_\_

# of Adult Domesticated Deer	License Fee
1 to 19	\$75.00
20 to 49	\$125.00
Over 50	\$175.00

To renew online, visit Kelly Solutions at [www.kellysolutions.com/ks/renewals](http://www.kellysolutions.com/ks/renewals).

To renew by mail, send this form accompanied by check made payable to:

Kansas Department of Agriculture Division of Animal Health.

## SECTION 2: Owner Information

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Partnership      LLP or LP      LLC      Corporation      Individual/Sole Proprietor

Have you ever been convicted of any crime, an essential element of which is misstatement, fraud or dishonesty?      Yes      No

Have you ever been convicted of theft or cruelty to animals?      Yes      No

Have you ever been convicted of poaching or illegally obtaining deer to add to your herd?      Yes      No

If yes to any of the above, please explain: \_\_\_\_\_

## SECTION 3: 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: \_\_\_\_\_

\*\* If terminating license, only complete Section 3 on reverse side.

For Office Use Only - Revised 06/19

DD \_\_\_\_ \$ \_\_\_\_ Transaction # \_\_\_\_ CC/CK# \_\_\_\_ Entered by: \_\_\_\_ Date Entered: \_\_/\_\_/\_\_

## SECTION 4: Facility Information

Please complete facility information for all domesticated deer facilities that will be covered by this permit. Any premises with domesticated deer not documented with this permit application will be considered a separate facility and will be required to be permitted under a separate application. The required permit fee is based on the total number of deer present on all listed facilities. If you would like to get a premises identification number (PIN) for each facility, please visit our website at <http://agriculture.ks.gov/ahforms> and select Premises Identification Number Registration Form.

### Facility 1

Breeding Facility

Hunting Facility

In the CWD Program? Yes

No

Facility Name

Contact Person (Print)

Physical Address of Animal Location

E-Mail Address

City

State

Zip

County

Phone

Type of identification used: Ear Tattoo

Ear Tag

Electronic Tag

Implant Microchip

Location of Microchip (if used) \_\_\_\_\_ Other: \_\_\_\_\_

Directions to facility

Species and head count

### Facility 2

Breeding Facility

Hunting Facility

In the CWD Program? Yes

No

Facility Name

Contact Person (Print)

Physical Address of Animal Location

E-Mail Address

City

State

Zip

County

Phone

Type of identification used: Ear Tattoo

Ear Tag

Electronic Tag

Implant Microchip

Location of Microchip (if used) \_\_\_\_\_ Other: \_\_\_\_\_

Directions to facility

Species and head count

### Facility 3

Breeding Facility

Hunting Facility

In the CWD Program? Yes

No

Facility Name

Contact Person (Print)

Physical Address of Animal Location

E-Mail Address

City

State

Zip

County

Phone

Type of identification used: Ear Tattoo

Ear Tag

Electronic Tag

Implant Microchip

Location of Microchip (if used) \_\_\_\_\_ Other: \_\_\_\_\_

Directions to facility

Species and head count

I attest to the veracity of the aforementioned information.

Signature of Applicant

Date

Print Name