



### SECTION 3: PREMISES OWNER INFORMATION

Partnership       LLP or LP       LLC       Corporation       Individual/Sole Proprietor

\_\_\_\_\_  
Legal Owner (*if different than above*)      Phone      E-Mail 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      E-Mail

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

I attest to the veracity of the aforementioned information.

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

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