

Application For Kansas Sheep/Goat Feedlot License

License valid through September 30th

☐New application * ☐Renewal application *	Terminate license **	* License No	
SECTION 1: Animal Units (AUs)		AUs	T
N 1 (0)	AII	-	License Fee
Number of Sheep: x 0.1 = Number of Goats: x 0.1 =		Less than 1,000	\$75.00
x 0.1 =x		1,000 to 2,999	\$350.00
	Total AUs	3,000 to 5,999	\$650.00
To renew by mail, send this form accompanied by check made p	payable to:	6,000 to 9,999	\$750.00
$Kans as\ Department\ of\ Agriculture\ Division\ of\ Animal\ Health.$		10,000 to 17,999	\$1,100.00
		18,000 to 29,999	\$1,500.00
		30,000 to 49,999	\$1,650.00
Kansas Scrapie Flock ID Number:		50,000 to 99,999	\$1,800.00
		100,000 and over	\$2,000.00
Section 2: Premises Location	Please		Γ
SECTION 2: PREMISES LOCATION Facility Name	Phone		Fax
	Phone	County	Fax State Zip
Facility Name			State Zip
Facility Name Facility Address	City	County	State Zip
Facility Name Facility Address Contact Person (please print)	City	County E-Mail A	State Zip
Facility Name Facility Address Contact Person (please print) Contact Person Address (if different than above) Directions to Facility * If renewing us	City Phone City Sing this form, please fill out license, only fill out Section of found in K.S.A. Chapter 47, and the found in K.S.A. C	County E-Mail A County t ALL sections. 6 on reverse side. 7, Article 15 as amended	State Zip ddress State Zip d and supplemented.

☐ Partnership	LLP or LP	LLC	☐ Corporation	☐ Individua	al/Sole Proprietor	
Legal Owner (if different than above)		Phone	Phone E-		-Mail Address	
Legal Owner Addres	s (if different than above)	City	County	State	Zip	
Section 4: Ve	rerinarian Info	ORMATION				
Veterinarian Name				Phone		
Address		City	County	State	Zip	
	ng, loading and removal e		e for feedlot use?			
How is manure dispos	sed of?					
How are insects contr	olled? What chemicals are	used?				
How are rodents cont	rolled? What chemicals are	e used?				
Describe the method of	of routine carcass disposal.					
Do you have a pre-selo	ected animal burial site for	mass mortality	Yes No			
Would you like more	information regarding the	Kansas Department	of Agriculture's Approved	Biosecurity Plans?	□Yes □N	
SECTION 6: A	PPLICATION TERM	INATION				
	one of the options below:	:				
	nger requires licensing. longer in business.					
_ -	old. If known, please provid	le contact informatio	n for new owner below.			
New Owner		Phone	E-Mai	il		
Other:						
I attest to the veracity	, of the eforementioned in	formation.				
	y of the aforementioned in					
Signature of Applica				Date		