

Application For Kansas Sheep/Goat Feedlot License

License valid through September 30th

ECTION 1: Animal Units (AUs)		AUs	License Fee
Number of Sheep: x 0.1 =	A <i>U</i>	Less than 1,000	\$75.00
Number of Goats : x 0.1 =		1,000 to 2,999	\$350.00
	Total AUs	3,000 to 5,999	\$650.00
		6,000 to 9,999	\$750.00
renew online, visit Kelly Solutions at www.kellysolutions.co exAnimalHealth3.asp. To renew by mail, send this form ac		10,000 to 17,999	\$1,100.00
ck made payable to: Kansas Department of Agriculture Div		18,000 to 29,999	\$1,500.00
alth.		30,000 to 49,999	\$1,650.00
		50,000 to 99,999	\$1,800.00
nsas Scrapie Flock ID Number:		100,000 and over	\$2,000.00
			2
	Phone		Fax
Facility Name	Phone	County	Fax State Zip
facility Name			State Zip
Facility Name Facility Address Contact Person (please print) Contact Person Address (if different than above)	City	County	State Zip
ity Name ity Address tact Person (please print) tact Person Address (if different than above)	City	County E-Mail A	State Zip
cility Name cility Address ontact Person (please print) ontact Person Address (if different than above) rections to Facility * If renewing u	City Phone City sing this form, please fil license, only fill out Section	County E-Mail A County Il out ALL sections. tion 6 on reverse side.	State Zip ddress State Zip
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☐ 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		