



APPLICATION FOR KANSAS SWINE FEEDLOT LICENSE

License valid through September 30

New application *
 Renewal application *
 Terminate license **
 License No. _____

SECTION 1: ANIMAL UNITS (AUs)

Number of animals <55 lbs: _____ x 0.1 = _____ AU
 Number of animals >55 lbs: _____ x 0.4 = _____ AU
 _____ total AUs

Nursery
 Farrowing
 Finisher
 Other _____

AUs	License Fee
300 to 999	\$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

To renew by mail, send this form accompanied by check made payable to: Kansas Department of Agriculture Division of Animal Health.

SECTION 2: PREMISES LOCATION

Facility Name	Phone	Fax		
Facility Address	City	County	State	Zip
Contact Person <i>(please print)</i>	Phone	E-Mail Address		
Contact Person Address <i>(if different than above)</i>	City	County	State	Zip
Directions to Facility				

** If renewing using this form, please fill out ALL sections.
 ** If terminating license, only fill out Section 7 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 06/17

Inspector: _____

SG _____ \$ _____ 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 E-Mail Address

Legal Owner Address (if different than above) City County State Zip

SECTION 4: ANIMAL OWNER INFORMATION Same as premises owner. If not, specify:

Animal Owner Phone E-Mail Address

Animal Owner Address City County State Zip

SECTION 5: VETERINARIAN INFORMATION

Veterinarian Name Phone

Address City County State Zip

SECTION 6: MISC. INFORMATION

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 7: 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 Address

Other: _____

I attest to the veracity of the aforementioned information.

Signature of Applicant Date

Print Name