

Registrant company numbers:

Registered for: _____

Registered by: _____

Tonnage reported by: _____

Audit code: _____

APPLICATION FOR
BULK SPECIALTY FERTILIZER LICENSE

Mail completed application to:
Fertilizer Regulatory Program

103 Regulatory Services Building - Lexington, KY 40546-0275
Phone: 859-257-2785 Fax: 859-257-9478 Web: www.rs.uky.edu



Application is hereby made for a license to manufacture custom-mixed fertilizers for sale in Kentucky for the period ending December 31, 20____.
License fees are \$100.00/ distributor per registration year

NEW LICENSE APPLICATION ONLY

Application for (List all locations for which application is being made):

- | | |
|--|--|
| 1. Company _____
Address _____
City, St., Zip _____
Phone () _____ | 2. Company _____
Address _____
City, St., Zip _____
Phone () _____ |
| 3. Company _____
Address _____
City, St., Zip _____
Phone () _____ | 4. Company _____
Address _____
City, St., Zip _____
Phone () _____ |
| 5. Company _____
Address _____
City, St., Zip _____
Phone () _____ | 6. Company _____
Address _____
City, St., Zip _____
Phone () _____ |

Application By:

Company _____
Address _____
City, St., Zip _____

Tonnage Reported By:

Company _____
Address _____
City, St., Zip _____

Signature _____

Date _____ This license entitles the applicant to distribute
Phone _____ custom mixed fertilizer as specified above in the
Fax _____ State of Kentucky under the provisions of KRS
Email _____ 250.371

(Printed name and Title)
Total distributors _____
x \$100.00
Total fees due: _____

Please do not write in this space – Reserved for Division of Regulatory Services

Check amount _____ Check number _____ Date of check _____ Date received _____

Note: **DO NOT SEND MONEY WITH APPLICATION** you will be invoiced when licenses are approved.

