APPLICATION FOR MILK TRANSFER STATION LICENSE

KRS 260.775 defines a “Transfer Station” as any location where farm bulk milk is transferred directly from one tank to another and producers’ milk samples are collected, handled, stored, and transported to a laboratory for analysis. The Transfer Station License is issued on an annual basis and expires on June 30. A completed application with fee shall be submitted to the Division of Regulatory Services prior to the operation of a transfer station. Please complete all applicable information requested on this application. Omission of essential information may delay the processing of your application. Make remittance payable to the University of Kentucky and return to the above address.

FIRM INFORMATION

COMPLETE NAME

MAILING ADDRESS

STREET ADDRESS (If Different)

PHONE ____________________________

FAX ____________________________

E-MAIL ____________________________

Application Type

☐ Transfer Station License Renewal Application

☐ New Transfer Station Application

1) ____________________________

Name of haulers routinely delivering to this Transfer Station

Application Fee

2) ____________________________

Standard Application Fee………………….. $25

3) ____________________________

Late Fee (For renewals only, $15 if postmarked after July 30) _____

4) ____________________________

Total Application Fee Due………………….. _____

5) ____________________________

Completion of this application is an agreement to comply with the Rules and Regulations set forth in the Kentucky Farm Milk Handlers Law KRS 260.775 - 260.845 and 260.992.

I understand that violation of or failure to comply with the Kentucky Farm Milk Handlers Law may result in the refusal of application, revocation, suspension, or probation of this license and fines.

Title __________________________________________________________

Date Signed ____________________________

Name (please print) ____________________________________________

Signature ____________________________________________

DO NOT WRITE IN THIS SPACE – FOR USE BY DIVISION OF REGULATORY SERVICES ONLY

CHECK AMOUNT ____________________________

CHECK NUMBER ____________________________

DATE OF CHECK ____________________________

DATE RECEIVED ____________________________

AUDIT CODE ____________________________

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(Revised October 2000)