

**DIVISION OF REGULATORY SERVICES  
 103 REGULATORY SERVICES BUILDING  
 UNIVERSITY OF KENTUCKY  
 LEXINGTON, KY 40536-0275  
 (859) 257-2785**

**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 **Division of Regulatory Services** and return to the above address.

**FIRM INFORMATION**

**COMPLETE NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
STREET/P.O.BOX CITY STATE ZIP CODE

**STREET ADDRESS** (If Different) \_\_\_\_\_  
STREET/P.O.BOX CITY STATE ZIP CODE

**PHONE** (\_\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
AREA CODE AREA CODE

**Application Type**

- Transfer Station License Renewal Application
- New Transfer Station Application

**Name of haulers routinely  
 delivering to this Transfer Station**

1) \_\_\_\_\_

**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 Name (please print)

\_\_\_\_\_  
Date Signed 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
				48