Kansas Department of Agriculture		024 Animal Breeder \$450.00 JSDA License is Required*	□ Renewal Application □ New Application * = required field
State License #:	USDA I	License #:	Premise County:
Address and Contact Information		Charle which also a new h	
*Owner/Operator Name:			
*Applicant Mailing Address:			
*City	*Zip:	Cell Phone:	
*Premise/Business Name:		□ Work Phone:	
*Premises Physical Address:		*Email:	
K.S.A. 14-1701(k) Y / N *Have you or any of your (if yes, a letter of explanation MUST Dog What species of animal do Cat <u>Hours & Designated Representative</u> Inspections are routinely conduct attempt to accommodate your pr preferred hours that are listed on	employees ever been con F be attached) you breed? ted Monday through Fr eferred hours of inspect your application. If yo gnated representative is	iday, 7 am to 7 pm. pursuant to tion; however, we cannot guara u are not routinely available for	eft or cruelty to animals? • K.A.R. 9-18-9(c). Inspectors will • ntee they will arrive during your
*What are your preferred hours for	inspection?		
**Designated Representative(s) oth **Required per K.A.R. 9-18-2 (d)	er than owner):		
Designated Representative phone(s):		
*Directions to Premise:			
I understand that Kansas law permits the inspections by the Kansas Depart Monday to Friday, 7am to 7pm. As a reflecting adequate veterinary care tr disregard of any provision of the Kan suspension or revocation of the licen misstatement in this application form	s that a licensee may have tment of Agriculture. I un a licensed USDA premise reatment of the animals in nsas Pet Animal Act or o use and/or fine of up to \$1 n may be grounds for den	e routine inspections and may be nderstand inspections may be con es, I understand and agree that by n my custody fall under the USDA f any regulations adopted there un 1000 per violation and/or criminal ital, suspension or revocation of a	inspected upon complaint. I consent to ducted outside of my preferred hours signing this form my medical records, A guidelines. I understand that a willful nder may subject the licensee to I penalties. I understand that a material
Owner Signature:		Date:	
Printed Name:			
	TO BE COMI	PLETED BY KDA STAFF ONLY	
BDU: AHL:	Transaction #:	CC/	/CK#: