



2023-2024 Out-of-State Distributor License

\$650

\*A current USDA license is Required\*

Renewal Application

New Application

\* = required field

State License #: \_\_\_\_\_

USDA License #: \_\_\_\_\_

Premise County: \_\_\_\_\_

Address and Contact Information

\*Owner/Operator Name: \_\_\_\_\_

\*Applicant Mailing Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Premise/Business Name: \_\_\_\_\_

\*Premises Physical Address: \_\_\_\_\_  
(NOT PO BOX)

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

Check which phone number you prefer:

\*Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

FEIN #: \_\_\_\_\_

License Details

\*Please initial. See the Kansas Pet Animal Act at: [agriculture.ks.gov/afi](http://agriculture.ks.gov/afi)

\_\_\_\_\_ As an out-of-state distributor, I agree that this premise complies with K.S.A 47-1701(bb)

Y / N \*Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?  
(if yes, a letter of explanation MUST be attached)

\*How many dogs/cats will you buy for resale in Kansas between October 1 and September 30? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

**\*A list of breeders you plan to buy from must be attached. Please include the breeders name and address.**

\*Vet care forms expire a year from the date your veterinarian signs it. Licenses will not be renewed unless a current form is on file.

Current veterinary care form is on file with the AFI Program

I have attached a current veterinary care form

Hours & Designated Representative

**Inspections are routinely conducted Monday through Friday, 7 am to 7 pm. pursuant to K.A.R. 9-18-9(c). Inspectors will attempt to accommodate your preferred hours of inspection; however, we cannot guarantee they will arrive during your preferred hours that are listed on your application. If you are not routinely available for an inspection Monday through Friday from 7 am to 7 pm, a designated representative is required to be on file. Please note, a no contact fee of \$200 will be assessed according to K.S.A. 47-1721(d)(1).**

\*What are your preferred hours for inspection? \_\_\_\_\_

\*\*Designated Representative(s) other than owner): \_\_\_\_\_

\*\*Required per K.A.R. 9-18-2 (d)

Designated Representative phone(s): \_\_\_\_\_

\*Directions to Premise: \_\_\_\_\_

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I consent to the inspections by the Kansas Department of Agriculture. I understand inspections may be conducted outside of my preferred hours Monday to Friday, 7am to 7pm. As a licensed USDA premises, I understand and agree that by signing this form my medical records, reflecting adequate veterinary care treatment of the animals in my custody fall under the USDA guidelines. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted there under may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of a license. The information contained within this application is true and correct to the best of my knowledge. All RENEWAL applications not postmarked by 09-30-2023 will be assessed a \$70.00 late fee.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

TO BE COMPLETED BY KDA STAFF ONLY

OAD: \_\_\_\_\_

AHL: \_\_\_\_\_

Transaction #: \_\_\_\_\_

CC/CK#: \_\_\_\_\_