

KANSAS DEPARTMENT OF REVENUE
CUSTOMER RELATIONS
915 SW HARRISON ST.
TOPEKA, KANSAS 66625-8000
www.ksrevenue.org
Phone Number: (785) 368-8222
Fax: (785) 296-2703

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE APPROVED _____

KANSAS QUALIFIED AGRICULTURAL ETHYL ALCOHOL PRODUCER INCENTIVE FUND

1. Legal Name: _____
2. DBA Name: _____
3. Business Mailing Address: _____
Street Address or Post Office Box City State Zip Code

4. List the exact location of the place in Kansas where applicant intends to produce agricultural ethyl alcohol:
- _____
- Address City County State Zip Code

5. Indicate whether location is owned or leased by applicant: _____

6. Federal Employers Identification Number: _____ 6. Business Phone Number: (____) _____
Fax Number : (____) _____

7. Check Type of Ownership: Individual Partnership Corporation Other

8. List Owner, Partners or Corporate Officers (Attach list of additional partners and corporate officers):
- | NAME | ADDRESS | TITLE | TELEPHONE NUMBER |
|-------|---------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

9. Name and telephone number of a contact person for producers report inquires: _____
Name Telephone Number

10. ATF Permit Number: _____ 11. Plant production capacity: _____

12. Materials to be used in the production of agricultural ethyl alcohol, (Check all boxed that apply).
- Grain (Corn, wheat, sorghum, barley, etc.) and other starch products (potatoes, sweet potatoes, etc.).
 - Sugar based crops (cane sugar, sugar beets, molasses, sweet sorghum, beef fodder, etc.).
 - Fruits or fruit products (Grapes, peaches, apples, etc.).
 - Forage crops (Alfalfa, sudan grass, forage sorghum, etc.).
 - Crop residue (Garbage or other refuse).
 - Other (Describe) _____

13. Production start date: _____

14. Conditions:
Applicant has made no false statements as to any material fact in this application.
Applicant has complied with all State and Federal laws.
All persons employed by applicant in good faith agree to observe and conform to all of the terms and conditions.

STATE OF _____)
) SS:
COUNTY OF _____)

I, _____ first being fully sworn, state that the above application and all statements and conditions contained therein, are true and correct.

Signature Title
Subscribed and sworn to before me, this _____ day of _____, 20____

My commission expires _____ 20____

Notary Public

INSTRUCTIONS FOR COMPLETING APPLICATION FOR KANSAS QUALIFIED
AGRICULTURAL ETHYL ALCOHOL PRODUCER INCENTIVE FUND

1. Complete this application and return to the Kansas Department of Revenue, Motor Fuel Tax, 915 S.W. Harrison Street, Topeka, Kansas 66625-8000.
2. Each question must be answered fully. Incomplete applications will be returned for completion.
3. **WHO MAY SIGN APPLICATION** – Only the individual owner, one of the partners listed on application, one of the executive officers listed, if applicant is a corporation; or a person who has been duly authorized as attorney-in-fact by proper Power of Attorney which has been filed in this office, may sign the application.
4. Applications must be properly notarized.
5. Upon acceptance, you will automatically be notified and will receive ethyl alcohol producer's Reports from the Department of Revenue on a quarterly basis.