

Application for Special License Plate



Please Print or Type:

Name: _____

Address: _____

City: _____ **County:** _____ **Zip:** _____

Pursuant to KRS 186.164

Must be a non profit organization and in compliance with the parameters of the Kentucky Revised Statutes.

I am applying for the following special license plate: No Kill Kentucky

Application must be submitted to (point of contact person):

Christy Tobin

Name of organization: No Kill Louisville

Address: PO Box 6655

City: Louisville **State:** Ky **Zip:** 40206

Each application must be accompanied by a check in the amount of \$25.00 made payable to the **Sponsoring Organization**.

Additional voluntary donations for special plates, over and above the cost of the plate may be made at the County Clerk's office. \$ 10.00

At least 900 applications for a particular plate shall be received within one year or the plate will not be produced.

This application will be accepted at any time.