

**COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF AGRICULTURE
 BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES
 2301 North Cameron Street, Room 408
 Harrisburg, Pa 17110-9408**

Telephone No: 717-772-2852

Fax No. 717-787-1868

**APPLICATION FOR LICENSE TO OPERATE A
 DOMESTIC ANIMAL GARBAGE FEEDING ESTABLISHMENT**

I, hereby, make application for a license to operate a garbage feeding business in compliance with Act 100, as approved July 11, 1996, and the regulations promulgated by the Pennsylvania Department of Agriculture.

Date: _____

Fee: **\$100.00**

PLEASE NOTE: A fee of \$100.00 is required for each garbage feeding business to be operated by the applicant within this Commonwealth. Please make checks or money orders payable to the *“Commonwealth of Pennsylvania”* and remit along with the application to the address identified at the top of this form.

NAME OF ESTABLISHMENT: _____

MAILING ADDRESS: _____

TOWNSHIP: _____

COUNTY: _____

BUSINESS TELEPHONE NO: () _____

EXACT LOCATION OF FEEDING LOT: _____

DOMESTIC ANIMALS FED

SPECIES: _____	NUMBER: _____
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AUTHORIZED SIGNATURE FOR APPLICANT: _____