



**pennsylvania**

DEPARTMENT OF AGRICULTURE  
BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES

**APPLICATION FOR STATE MEAT ESTABLISHMENT LICENSE**

I HEREBY MAKE APPLICATION TO THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE FOR A LICENSE IN COMPLIANCE WITH THE PROVISIONS OF ACT 151 AS APPROVED JULY 9, 1968 AS AMENDED. THIS LICENSE INCLUDES SLAUGHTERING AND MANUFACTURING, POULTRY SLAUGHTERING, CUSTOM SLAUGHTERING, MEAT HANDLING AND PROCESSING.

ENCLOSED IS A CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA

ESTABLISHMENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:**

PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
BUREAU OF ANIMAL HEALTH  
ATTN: JESSICA SHILLADAY  
2301 N. CAMERON STREET  
HARRISBURG, PA 17110-9408  
(717) 772-2852

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

TITLE OF APPLICANT \_\_\_\_\_