

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315
www.EatSafePA.com

APPLICATION FOR CUSTOM DEER PROCESSING

Deer Processors - Processing of wild caught and field dressed Deer ONLY, and not under USDA inspection.

As a registered Deer Processor, you may label your product or packaging, publications, advertisements, etc. with the following abbreviation **"Reg. Penna. Dept. Agr."**

This Application is intended for ONE establishment location.

NAME OF THE BUSINESS: _____

NAME OF THE LEGAL OWNER OF THE BUSINESS: _____

PHYSICAL ADDRESS OF PROCESSING ESTABLISHMENT:

_____	_____	_____	_____
Street Number and Name	City	State	Zip Code
_____	_____	_____	_____
County	Township/Borough		
() _____	() _____		
Phone Number	Fax Number		
_____	() _____		
Email Address	Cell Number or Alternate Phone Number		

MAILING ADDRESS (If Other Than Above):

_____	_____	_____	_____
Street Address	City	State	Zip Code

WATER: The Establishment is using: (Check which one applies)

- A public / municipal water supply.
Water Company Name (example: Pa American Water) _____
- Non-municipal / private water supply (example: well water) regulated by DEP. DEP, Department of Environmental Protection, can be reached at 717-783-2300.
- Non-public water supply (one not regulated by DEP). **If you are on a private well that is NOT inspected by DEP, you must have a water test done on your well water.** Contact an approved water testing laboratory in your area to make arrangements for this water testing. **Initial testing for Coliform (4 sequential samples) and Nitrate/ Nitrite (1 sample) must be performed and results must be attached to this application or made available at the registration inspection.**

SEWER: The Establishment is using: (Check which one applies)

- A municipal/public sewage disposal system. Name of Sewage Authority: _____
- A non-public sewage disposal system (examples; Sand mounds, holding tanks). Note: You must have sewage disposal system that is legally approved by your municipality and is functioning properly.

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TRASH- MEAT SCRAP DISPOSAL:

The Food Establishment trash collector is _____ (company name)

List any other refuse or waste collection companies that you use (ex: grease collection, food scraps, meat rendering, or similar) _____

OPERATIONAL INFORMATION

Which **months** of the year do you plan on processing? _____

List which **days** of the week and **times of day** you will *most likely* be processing? _____

FLOOR PLANS for NEW DEER PROCESSORS

Although NOT required by Law, New Food Establishments that would like the Department to review and provide comments on plans for their establishment to assure compliance with Codes may voluntarily submit a blue print – or simple hand-draw sketch – of the proposed food processing establishment layout and a listing of proposed equipment. Simply attach your plans to this application.

HEALTH POLICY

As a food establishment providing a food processing services to the public, it is your responsibility to assure that you and any food workers are in good health and not ill with any illness that could be transmitted in food. Please have a plan in place to deal with times when you may not be feeling well, but have processing jobs to do. An employee health policy establishes how to handle ill food workers, including you, during processing times.

ALL APPLICANTS COMPLETE

This application should be **submitted to your local Regional Office**, as listed on the cover letter.

The Applicant understands and agrees that this document is an application for the **Registration of a deer processing establishment only**. The applicant understands and agrees that only a “proprietor” of this operation may obtain the registration; and that a “proprietor” may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that the person or entity listed below is the “proprietor” of the food establishment that is the subject of this application. By signature on this application the proprietor confirms that the business is operating a deer processing establishment that has been approved by the local municipality with regards to any water, sewer, zoning or building codes requirements. Additionally, any other local, state, or federal rules and regulations that may be applicable are in compliance.

The applicant verifies that all statements and information in this application are true and correct to the best of the applicant’s knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Please complete and sign the below ownership category that best describes your business:

<input type="checkbox"/> INDIVIDUAL PERSON:		<input type="checkbox"/> PARTNERSHIP: (one signature needed)			
_____ Signature		_____ Signature-General Partner		_____ Signature-General Partner	
_____ Legibly Print Name		_____ Legibly Print Name		_____ Legibly Print Name	
_____ Date	_____ Date of Birth	_____ Date	_____ Date of Birth	_____ Date	_____ Date of Birth

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Corporation Or Association/Non-Profit Entity: (minimum of one signature is needed)

Name of Corporation or Non-Profit Entity Name of current President/CEO DOB of President/CEO

Signature of President / VP (circle which) Date

Legibly Print Name

Signature of Secretary / Treasurer (circle which) Date

Legibly Print Name

Limited Liability Company (LLC) or Limited Liability Partnership (LLP): (minimum of one signature is needed)

Name of LLC or LLP Name of President/CEO DOB of President/CEO

Signature – Member Date

Signature – Member Date

Legibly Print Name

Legibly Print Name

Signature – Member Date

Signature-Member Date

Legibly Print Name

Legibly Print Name

OFFICIAL USE ONLY

Registration- Deer Processor STANDARDS FOR REVIEW: Chapter 57 / CFR's

APPROVAL: DATE _____ . Owner was contacted with approval on _____

DISAPPROVAL: DATE _____ . Owner was sent a denial letter on _____

Reasons for denial: _____

Reviewing Sanitarian: _____