pennsylvania DEPARTMENT OF AGRICULTURE

BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES Application for TAXIDERMY LICENSE

The undersigned hereby applies for a license to conduct the business of taxidermy in accordance with the provisions of Act 77 of 2006 (3 Pa.C.S.A. §§ 2701-2707). This license will take effect upon approval and issuance of the license for one year from the date of issue.

Name of applicant:					
My business is a:	Corporation F	Partnership	LLC	Individual Propretorship	
Business name:			(Please provide the name of the business)		
Business address:					
City:	State:	Zip co	de:	County:	
Mailing address:					
City:	State:	Zip co	de:	County:	
Telephone number:		Fax n	umber:		
Alternate phone:		E-mai	E-mail address:		
Tax identification type					
Federal employer ide	entification number	Unemploym	nent compensati	on account number	
State personal income tax identification number			State sales tax r	number Corporation tax number	
State employer wi	ithholding number	Any other	identification r	number acceptable to the departmer	
Tax identification numb	ber:				

Make check payable to: "COMMONWEALTH OF PENNSYLVANIA" FEE: \$100.00

Check here if currently licensed and this application is for renewal.

I MAKE THE FOREGOING REPRESENTATIONS SUBJECT TO THE PENALTIES OF 18 Pa.C.S.A. SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES)

(Signature of Applicant/parent/Guardian) Signature of parent or guardian required if applicant is under 18 years of age Date of application