

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES  
2301 North Cameron Street, Room 412  
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: (    ) \_\_\_\_\_ EMAIL \_\_\_\_\_

EXACT LOCATION OF FEEDING LOT: \_\_\_\_\_

**DOMESTIC ANIMALS FED**

SPECIES: \_\_\_\_\_ NUMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEE NEXT PAGE

DESCRIBE IN DETAIL HOW YOU WILL COOK THE WASTE TO THE REQUIRED TEMPERATURE OF 212 DEGREES F FOR 30 MINUTES BEFORE FEEDING TO THE SPECIES LISTED PREVIOUSLY:

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AUTHORIZED SIGNATURE FOR APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_