



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 _____