



**pennsylvania**  
DEPARTMENT OF AGRICULTURE

**BUREAU OF ANIMAL HEALTH & DIAGNOSTIC SERVICES**

**COMMONWEALTH OF PENNSYLVANIA  
ROOM 412, AGRICULTURE BUILDING  
2301 NORTH CAMERON STREET  
HARRISBURG, PA 17110-9408  
Telephone No: 717-772-2852  
Fax No. 717-787-1868**

**APPLICATION FOR DEAD DOMESTIC ANIMAL DISPOSAL BUSINESS LICENSE**

I, hereby, apply to the Pennsylvania Department of Agriculture for a license to operate a Dead Domestic Animal Disposal Business in compliance with the Domestic Animal Law Act of July 11, 1996(P.L. 561, No. 100) (3Pa. C.S.A. §2301-2389).

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

**FEE: \$100.00 (When Applicable)**

**PLEASE NOTE:** A fee of \$100.00 is required for each dead domestic animal disposal plant 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. As a precondition to the issuance of a license, and as a continuing condition of such licensure, the department shall inspect an applicant or licensee's dead domestic animal disposal plants, facilities, equipment or vehicles for compliance with this chapter and its attendant regulations.

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS:  Rendering Plant (FEE)  Composting (FEE)  Alkaline Digester (NO FEE)  
 Pet Cemetery (Burial, with Incinerator, without Incinerator) (All NO FEE)  
 Landfill (NO FEE)  Incinerator Only (NO FEE)  Other

EXACT LOCATION OF BUSINESS: \_\_\_\_\_  
(Premises Information)

TOWNSHIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE NO: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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

OPERATOR/OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

OPERATOR/OWNER PHONE NO: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_



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The following trucks will be used in making collections:

License No.	Year	Make	Model

List Authorized Agents to be permitted to haul for Your Business:

Name & Mailing Address of Authorized Agents Requiring Permits	License No. of Truck	Make	Model

**IMPORTANT:** Please report any additions or deletions (including new trucks or new license numbers) to the Pennsylvania Department of Agriculture, Bureau of Animal Health and diagnostic Services, within thirty (30) days.

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