

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES  
2301 NORTH CAMERON STREET  
ROOM #412  
HARRISBURG PA 17110-9408  
(717) 836-3236

**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. This license will take effect upon approval and upon issuance of the license for one year from the date of issue.

1. Name of applicant:

\_\_\_\_\_

First

Middle Initial

Last

2. If corporation, give full corporation name; if partnership, give firm name:

\_\_\_\_\_

3. Business address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip Code

4. Mailing address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip Code

5. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

County: \_\_\_\_\_ E-mail address: \_\_\_\_\_

6. If not a corporation, is applicant doing business under a trade name?

Trade name: \_\_\_\_\_

7. For purposes of this section, please supply your tax identification number which may include any **one** of the following:

a. Federal Employer Identification Number: \_\_\_\_\_

b. Unemployment Compensation Account Number: \_\_\_\_\_

c. Social Security Number: \_\_\_\_\_

d. State Personal Income Tax Identification Number: \_\_\_\_\_

e. State Sales Tax Number: \_\_\_\_\_

f. Corporation Tax Number: \_\_\_\_\_

g. State Employer Withholding Number: \_\_\_\_\_

**FEE: \$100.00 per year** (you may apply for a one, two or three year license)

I have enclosed \$ \_\_\_\_\_ for a one \_\_\_\_\_, two \_\_\_\_\_ or three \_\_\_\_\_ year license.

Make Checks Payable To: **“COMMONWEALTH OF PENNSYLVANIA”**

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

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Signature of Applicant/Parent/Guardian)

**Signature of parent or guardian required if applicants is under 18 years of age.**

**PLEASE SEND COMPLETED APPLICATION AND FEE TO:**

Pennsylvania Department of Agriculture  
Bureau of Animal Health and Diagnostic Services  
2301 North Cameron Street  
Room #412 – Quanisa Lewis  
Harrisburg, PA 17110-9408

\*\*\*\*\* OFFICE USE ONLY -- APPLICANT DOES NOT WRITE BELOW THIS LINE \*\*\*\*\*

\_\_\_\_\_  
(Signature of Program Administrator)

\_\_\_\_\_  
(Date signed)

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_