West Virginia Department of Agriculture
Meat and Poultry Inspection Division
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
(304) 558-2206 Fax: (304) 558-1882

APPLICATION FOR LICENSE TO OPERATE A CUSTOM SLAUGHTER AND/OR MEAT AND POULTRY PROCESSING ESTABLISHMENT

FY July 1, 2018 - June 30, 2019

8630-6893-9778

SECTION 1: ESTABLISHMENT GENERAL DATA

A. Establishment's Full Name: _____

B. Owner, Manager, Partner, or Person authorized to represent the Establishment for contacts with Meat and Poultry Inspection Division personnel:

Name: _____ Title: _____

C. Location of Establishment: _____ / _____ / _____ / _____
Route, Box, or Street Address / City / State / Zip / County

D. Mailing Address if different than above: _____ / _____ / _____ / _____
Street or P. O. Box Number / City / State / Zip / County

E. Business Telephone: _____ Home Telephone Number: _____ Fax Number: _____

Form of organization (Check one): ☐ Individual ☐ Partnership ☐ Other (Specify)

SECTION 2:

A. Do you intend to: ☐ Slaughter Only ☐ Slaughter and Process ☐ Process ☐ Process Deer ☐ Conduct Retail Sales of Inspected Products

B. Operations at Licensed Establishment will be conducted from _____ through _____
Month/Day/Year Month/Day/Year

C. Hours of operations at your Custom Establishment (write in anticipated hours for each day, for example: 8:00 am - 3:00 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Slaughter						
Processing						

D. Estimated number of animals that will be slaughtered in your Establishment this fiscal year: _____ Cattle _____ Swine _____ Sheep

E. Check facility or facilities available at your Establishment:
☐ Cooler for Packaged Product ☐ Separate Retail Area ☐ Freezer
☐ Cooler for Carcasses ☐ Smokehouse ☐ Hog Scalder
☐ Cooler for Inedibles

If license is granted under the application, I (we) expressly agree to conform strictly to the Code of West Virginia, Chapter 19, Article 2B, Inspection of Meat and Poultry, and the rules on inspection of meat and poultry promulgated thereunder by the West Virginia Department of Agriculture. I (we) certify that all statements made herein are true to the best of my knowledge and belief.

DATE OF APPLICATION	PRINTED NAME OF PERSON SIGNING APPLICATION	TITLE	SIGNATURE OF AUTHORIZED PERSON MAKING THIS APPLICATION
/	/	/	

FOR WVDA USE ONLY

Date Application Received: _____
Batch Number: _____
Amount: Received: _____
Director's Approval: _____
Establishment Number: _____

Processing Only	**$5.00**
Slaughter Only	**$10.00**
Slaug. & Proc.	**$15.00**

STATEMENT OF POLICY REGARDING EQUAL OPPORTUNITY AND PARTICIPATION IN PROGRAMS - It is the policy of the West Virginia Department of Agriculture to provide its services and programs to all persons without regard to sex, race, color, age, religion, national origin, or handicap.