

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

FY July 1, 2025 - June 30, 2026

1401-8630-6893-9778

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: _____ Email: _____
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.