West Virginia Department of Agriculture Animal Health/Meat and Poultry Inspection Bu 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, 2023 - June 30, 2024

1401-8630-6893-9778

SECTION 1	1: EST	ABLISHMENT	GENERAL I	DATA												
A. Establishment's Full Name:																
	B.	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 Es	tablishment	t:				1		1		1		/		
						Route, Bo	x, or Street Address		City		State		Zip		County	
	D.	Mailing Address if different than above:				04	D. O. Davi Niversham	1	Oit.		04-4-	1	7:	1	0	
SECTION 2:	E.	Business Telephone:					P. O. Box Number ne Telephone Number:		City	Fav	State Number:		Zip	Email:	County	
	L.	Form of organization (Check one):			 <u> </u>				`		Number.		_	Liliali.		
		Form of orga	anization (C	neck one):		Individ	lual Partnership	Other (Specify)							
SECTION 2.	A.	. Do you intend to: Slaughter Only Slaughter and Process Process Process Conduct Re								luct Retail Sales of	Inspected	Products	i			
	B.	Operations at I	_icensed Es	tablishment will	be conducted from through											
						•	Month/Day/Year		Month	n/Day/Year						
	C.	Hours of opera	itions at you	ır Custom Estab	lishment (writ	e in anticipa	ted hours for each day	, for example: 8:00	am - 3:00 p	m)						
			Monday		Tuesday		Wednesday	Thursday		Friday	saturday					
		Slaughter														
		Processing														
	D. Estimated number of animals that will be slaughtered in your Establishment this fiscal year:															
								Cattle	Sw	vine	Sheep					
	E.	Check facility of	or facilities a	available at your	Establishmer	nt:	Cooler for Pa	Cooler for Packaged Product		Separate Retail Area Freezer						
							Cooler for C	arcasses	Smokehouse Hog Scalder							
Cooler for Inedibles																
If license is c	aranted	under the anni	ication I (w	e) expressly agr	ee to conform	n strictly to th	ne Code of West Virgin	nia Chanter 19 Arti	cle 2R Insne	ection of Meat and	Poultry an	ıd the rule	es on i	insnect	ion	
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.																
	ATE OF	APPLICATION		PRINTED NAME	OF DEDCOM			TITLE	/	CICNATURE O	E ALITHODIZ					
D	ATE OF	APPLICATION	SIGNING APP					IIILE	SIGNATURE OF AUTHORIZED PERSON MAKING THIS APPLICATION							
FOR WVDA USE ONLY STATEMENT OF POLICY REGARDING EQUAL OPPORTUNITY AND PARTICIPATION IN PROGRAMS														RAMS -		
Date Application Received:							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.									
	ch Numb	-					persons without	10gara to 30A, 180 0 ,	color, age, i	iongion, national of	igiii, oi iiai	татоар.				
	: Receiv	-		Processing Or	nly \$5.00											
Director'	's Approv	/al:		Slaughter Or												
Establishme	ent Numb	er:		Slaug. & Pro	oc. \$15.00)										
11 F002/D) Da	uiaad Cl	1.1	<u> </u>	1												