

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

FY July 1, 2021 - June 30, 2022

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.