APPLICATION FOR LICENSE TO OPERATE AS A MEAT AND POULTRY DISTRIBUTOR

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

SECTION 1: DISTRIBUTOR'S 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:

Name: ____________________________ Title: ____________________________

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

D. Mailing Address if different than above: ____________________________ Route, Box, or Street Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________ County: ____________________________

E. Business Telephone: ____________________________ Home Telephone Number: ____________________________ Fax Number: ____________________________ Email: ____________________________

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

G. Do you conduct retail sales at your establishment? ☐ Yes ☐ No

SECTION 2: REGULAR BUSINESS HOURS (Write in hours for each day)

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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 meat and poultry inspection 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: ____________________________

Director's Approval: ____________________________

Establishment Number: ____________________________

$5.00 APPLICATION FEE

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.