## APPLICATION FOR LICENSE TO OPERATE AS A MEAT AND POULTRY DISTRIBUTOR

West Virginia Animal Health 1900 Kanawh Charleston, W	/Meat and Pou a Boulevard, E	ultry Inspection I ast	Bureau								FY July 1, 2025 - June 30, 2026	
(304) 558-220	0										1401-8630-6893-9780	
SECTION 1:	DISTRIBUTO	R'S GENERAL D	DATA									
Α.	Establishment's Full Name											
В.	B. Owner, Manager, Partner, or Person authorized to represent the Establishment for contacts with Meat and Poultry Inspection Division:											
	Name:							Title:				
C.	Location o	Location of Establishment:										
					Route, Box, or Street Address			City		Zip	County	
D.	Mailing Ad	Mailing Address if different than above:					1		/	/	1	
				Route, Box, or Street Address			City		State	Zip	County	
E.	Business 7	Business Telephone:			Home Telephone N				Fax Number:		Email:	
F.	Form of or	Form of organization (Check one): Individual Partnership Corporation Other (Specify)										
G.	Do you co	nduct retail sale	s at your establi	shment?	Yes	No						
SECTION 2:	REGULAR BU	SINESS HOUR	S (Write in hour	s for each day)								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Ţ				
From		,	,	,	,	,	,	1				
То												
									Inspection of Meat an rre ture to the best of t			
DATE OF APPLICATION PRINTED NAME O SIGNING APPL								<u>,</u>	SIGNATURE OF AUTHORIZED PERSON MAKING THIS APPLICATION			
	FOR W	DA USE ONLY	,									
Date Application Received:							\$5.00 APPLICATION FEE					
Batch Number:							·····					
Direct	tor's Approval:											
Establishment Number:							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.					

11-F003(C) Revised 6/11