

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

**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 Scalding  
 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

<b>FOR WVDA USE ONLY</b>	
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.