



**Regulatory & Environmental Affairs Division  
West Virginia Department of Agriculture  
1900 Kanawha Blvd. E., Charleston, WV 25305  
304-558-2227**

**WEST VIRGINIA DEPARTMENT OF AGRICULTURE**

**Code No. 6894-9807**

Attn: Administrative Services Division  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0170  
Phone: (304) 558-2226; FAX: (304) 558-3594

**FEDEX/UPS DELIVERY ADDRESS:**

217 Gus R. Douglass Lane  
Charleston, WV 25312

## Application to Register for a Commercial Feed Manufacturing Permit

Registration Period January 1 through December 31, \_\_\_\_\_

**Pursuant to West Virginia Code 19-14-5(c),... persons manufacturing commercial feed or customer formula feed in this state must obtain a Commercial Feed Manufacturing Permit.**

Complete application and return with a check or money order for **\$ 5 0 . 0 0** made payable to the West Virginia Department of Agriculture. An additional **\$100** shall be added to the fee for new registrations not applied for at least fifteen (15) days prior to the date that the person intends to engage in business or market products in this state.

*All fees must be paid in U.S. funds drawn from a U.S. Bank, unless the registrant includes an additional \$ 3 5 . 0 0 to cover the WV Treasurers Office handling cost for processing a foreign check.*

**Corporate Name:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Owner's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
PO Box/Street City County State Zip

**Location (if different):** \_\_\_\_\_  
PO Box/Street City County State Zip

**Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Manager's Name:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION: CHECK HERE IF YOU ARE A NEW FIRM: WV PLANTS ID: \_\_\_\_\_**

Do you currently manufacture, grind, mix, blend, package, repackage, repack, or process commercial feed for distribution?

**YES**                       **NO**

Do you currently manufacture feed which is manufactured according to the specific instructions of the final purchaser (customer-formula feed)?

**YES**                       **NO**

Do you currently manufacture any commercial feed which contains one or more drugs?

**YES**                       **NO**

I certify that the above information is true and correct. I understand that the Commissioner of Agriculture has the authority to refuse this registration should he find cause to do so, pursuant to WV Code 19-14-3(4).

**Signature of Authorized Representative**

**Printed or Typed Name and Title**

**Date**