

**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 TITLE SIGNATURE OF AUTHORIZED PERSON
 SIGNING APPLICATION 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.