



Arizona Department of Agriculture (ADA)

Central Licensing Section
1688 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-6408 Fax: (602) 542-0466

For ADA/ASD Use Only

New License No. _____
(Cash) or Check # _____
Check Date _____
Amount _____
Line No. _____
ID No. _____

Meat Safety Compliance License Application

Pursuant to A.R.S. 3-2009 and 3-2081

Application must include applicant's name and address, the business name and address, the physical location where the business is to be conducted, and must be accompanied by the fee payment. All licenses expire on December 31st of each year.

License Type Information

(Please select one.)

	<input type="checkbox"/>	Fee:	
BROKER	<input type="checkbox"/>	\$10.00	(Engages in the negotiations of third party meat product sales, for a commission.)
DISTRIBUTOR	<input type="checkbox"/>	\$10.00	(Receives and distributes inspected meat products, but does not process.)
JOBBER	<input type="checkbox"/>	\$10.00	(Buys and sells meat products to other than end-users, does not process.)
PET FOOD MFG.	<input type="checkbox"/>	\$10.00	(Manufactures meat products not for human consumption.)
RENDERER	<input type="checkbox"/>	\$10.00	(Renders, tallows, or engages in the processing of pelts, hides and related.)
TRANSPORTATION	<input type="checkbox"/>	\$10.00	(Engages in the intrastate transporting of perishable meat products.)
MEAT STORAGE	<input type="checkbox"/>	\$10.00	(Stores perishable meat products.)

Applicant Information

Application Date: _____
Name of Applicant: _____ Street Address: _____
Applicant's Title: _____ City: _____ State ____ Zip _____
Applicant's Social Security No: _____ Applicant's Phone No: () _____
OR Company Tax Identification No: _____

Business Information

Name of Company: _____

Mailing Address

Physical Plant Address

Street Address: _____ Location: _____
City: _____ State ____ Zip _____ City: _____ State ____ Zip _____
Company Contact: _____
Company Contact's Phone No: () _____

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name) Signature Date _____